THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 221. } PHILADELPHIA, JANUARY 12, 1861. { NEW SERIES, VOL. V. NO. 15.

ORIGINAL DEPARTMENT.

LECTURES.

Lectures on Diphtheria, delivered at the University of Pennsylvania, Dec. 24 and 27, 1860.

By W. Pepper, M. D.,

Professor of the Theory and Practice of Medicine.

[Reported for the Medical and Surgical Reporter.]

Relations of Diphtheria to Scarlatina.—This is a question of vital importance. In the first place, in scarlatina, membranous exudations, such as occur in diphtheria, are very common. We also know that the glands of the throat, and the submaxillary glands are very generally enlarged in bad cases of scarlatina; and the nostrils are obstructed, while frequently there is a membranous exudation at the angles of the mouth, at the eyelids, or behind the ears; and from this it would appear that diphtheria and scarlatina resemble each other very closely, except that in diphtheria there is no characteristic eruption.

But it is well known that the most malignant forms of scarlatina, and acknowledged to be so, are occasionally found to exist without any eruption, or, when the eruption exists, it is often exceedingly pale and faint; yet we know the disease to be scarlet fever, because other members of the same family are sick with undoubted cases of scarlatina. Therefore it might seem that the only objection to considering diphtheria as being scarlatina, is with regard to the eruption, which objection is removed by showing that, occasionally, the scarlet fever itself does exist without any eruption.

It is admitted that these two diseases prevail simultaneously. Scarlatina is quite rife at the present moment in this city, and diphtheria is known to prevail; thus both diseases very often run together.

Then their sequelæ are the same—albuminuria, excessive prostration, purulent discharges from the ear, occurring in both classes of disease; and hence, as far as analogy goes, there is a strong resemblance between these two affections. The authorities in favor of the identity of these two diseases generally admit the malignant sore throat, as described by Huxham to be in reality scarlatina; and if this malignant sore throat also occurs in diphtheria, it might be concluded, therefore, that these two diseases were identical, an opinion which is entertained, indeed, by some high authorities.

Those who oppose these views say that, though the two affections are frequently associated, they are as distinct as small-pox is from measles; that diphtheria has often prevailed epidemically without any scarlet fever, and scarlatina has prevailed epidemically without diphtheria; that there are broad anatomical differences; that we do not know any thing positive of the gangrenous angina of Huxham, and most probably the condition described by him was identical with the sore throat of scarlet fever; that there was ulceration and absolute gangrene, and frequently suppuration of the cervical glands; whereas, in the local affection of diphtheria, it is rare to have suppuration or gangrene, or suppuration of the cervical glands.

It is admitted that the membranous exudation of scarlet fever rarely invades the larynx, which is true beyond a doubt; this tendency being not nearly so frequent as in measles; but in diphtheria *the tendency is constantly to the larynx*, and in this lies the great danger.

Diphtheria is oftener met with as a sporadic disease than scarlatina, though the latter does so occur occasionally.

Some very high authorities are opposed to the supposed identity of scarlatina and diphtheria; and, in the *British and Foreign Medico Chirurgical Review* for 1860, there is an able article in which

the non-identity of the two diseases is contended for.

My own impression is, that the two diseases are distinct. I have seen diphtheria so many years back, without considering it as scarlatina, that I cannot bring myself to think of the two diseases as the same; though, at the same time I admit that there is a strong analogy between them, and occasionally the two poisons may exist in the system at the same time. But that diphtheria does exist as an independent disease, I cannot doubt, even though I am willing to admit that there is a strong analogy. It is a vexed question, and I have not even yet made up my mind positively.

Some have supposed that diphtheria and croup were the same thing. Croup was first so named by Dr. Francis Home, of Edinburgh, in 1765, from a Scotch word, referring to the particular sound made by a chicken when suffering from disease of the throat, and it had reference to a *sthenic* inflammation of the air passages, with an exudation of false membrane, which is seen constantly in croup without having anything to do with diphtheria. A child in perfect health, from exposure to cold, has an inflammation of the larynx, ending in the formation of a false membrane extending into the bronchial tubes. It is an exudation of acute inflammatory, sthenic croup.

What is called catarrhal croup, is a mere turgid condition of the mucous membrane, from cold and other causes, with a mucous secretion, being attended with spasm, similating croup.

In *diphtheritic croup*, the difficulty commences in the throat; it is a creeping croup, and extending down into the larynx; it is an accident of diphtheria, and no more a part of the disease than the diphtheritic exudation behind the ears; and there is this difference between true croup and diphtheria, that the term croup is applicable only to the inflammatory, sthenic form.

There is, too, an affection of the throat, which I have frequently seen in adults, with intense pain in the part, and where, on examining the throat, there will be found inflammation and absolute ulceration, and not a mere exudation. This is not diphtheria. We should, also, be always careful not to confound diphtheria with the little white exudations so often found in the sore throats of children under all circumstances.

In ninety cases out of a hundred of acute sthenic angina in children, there will be white plastic deposits on the tonsils, perhaps on the velum, and perhaps even on the pharynx. If every such case is to be called diphtheria, then, indeed, diphtheria is very common. But these cases form a very insignificant disease, and very frequently, from too hasty and improper diagnosis in these cases, strong caustic applications are made to the throat—thus increasing the malady, and perhaps even sometimes giving rise to fatal developements; hence it is highly important that a simple catarrhal affection should not be confounded with diphtheria.

Diphtheria is not a local affection; it must be owing to some particular condition of the blood. The diphtheritic exudation is not confined to the throat. A blister on the leg of a person will become covered with the deposit, and the patient may become attacked with severe and constitutional affections, and die sometimes, independent of the local disease, when the blood is in this condition.

There is, probably, some altered condition of the fibrine of the blood, and, when this condition of the circulating fluid occurs in an epidemic form, it is generally attended with great prostration of the vital powers.

Treatment of Diphtheria.—Seeing that this disease may prevail as a sporadic affection, sthenic in its character, and also as an epidemic disease, (adynamic,) and attended with typhoid symptoms, you can readily understand that the treatment of diphtheria must be modified according to the circumstances of the case, and that there is no particular treatment applicable to all cases.

We should always bear in mind that it is not a mere local affection, and therefore a mere local treatment (as some have supposed to be all that is necessary) is not sufficient. The blood is in an altered condition—most probably the fibrine is particularly impaired in its vital powers—and, under these circumstances, you could hardly expect that the inflammation would be amenable to ordinary local treatment. You should always bear in mind, moreover, that the ultimate tendency of the disease, even in the sthenic form, is to prostration, and therefore that it is very essential that we should, as far as possible, economize the powers of life.

In mild forms of the affection, (sporadic and sthenic,) a slight antiphlogistic treatment may be demanded. Sometimes the disease may be so simple as not to be connected with any constitutional disturbance, and therefore requiring

only local treatment. But this class of cases is very rare. In the malignant form, which is that which prevails during an epidemic, we are obliged to have early resort to tonics and stimulants and nutritious food. I am in the habit of prescribing the muriated tincture of iron in fifteen-drop doses four or five times a day, and sulphate of quinia in doses, so that five or six grains shall be taken in the course of the twenty-four hours. At the same time, to sustain the strength, I give wine and water, wine-whey, and porter, and, when necessary, from the great prostration present, I employ the oil of turpentine, the same as in cases of enteric (typhoid) fever.

There is some discrepancy of opinion with regard to the use of calomel. Some practitioners urge its use as being calculated to prevent the accumulation of the plastic deposit, while others contend that it will still more impoverish the blood, and give rise to local inflammation about the mouth, and thereby increase the mischief.

In the adynamic form, there is no doubt but that its use would be injudicious treatment; but, in the sthenic forms, it may be sometimes administered in small alterative doses, but very cautiously. Some forms of croup are often treated with calomel; but, in the adynamic forms, there is no good to be derived from its employment. Certainly, as long as the disease is confined merely to the throat, I should not be inclined to use it.

Chlorine, in some form or other, enters into many remedies that have been most commonly used in this disease, and those who advocate the use of calomel contend that even it may be beneficial on account of the combination between mercury and chlorine. Chlorate of potash is, by many, considered a valuable remedy, and it is one which I have used for several years in this disease in ten-grain doses, given every four hours, dissolved in a tablespoonful of water.

I have already spoken of the use of the muriated tincture of iron. Labaraque's solution, in doses as high as twenty drops in a tablespoonful of water every three or four hours, has also been used.

With regard to the use of local remedies in the mild forms of the affection, I have rarely found it necessary to use anything but powdered alum and sugar, or borax and sugar in equal parts. Sometimes I have used a feeble solution of some of the mineral astringents; not more than five grains, or ten at most, of the sulphate of zinc, or nitrate of silver, in an ounce of water, which, with the constitutional treatment as recommended, has generally made the mild form retreat. I feel confident that, in many of these cases, if I had used the solid nitrate of silver, I would have increased the inflammation, and therefore the amount of deposit; and, in fact, some mild cases are thus converted into a serious disease, bringing the inflammation and deposit so low down that it involves the chink of the glottis and invades the larynx.

In the malignant form, Labaraque's solution is very good in the proportion of one drachm to the ounce of water; and the same may be said of the muriatic acid, in the proportion of f℥j to the f℥j of fluid. With regard to the use of nitrate of silver, I should not hesitate to use it, when I thought necessary, of greater strength than I have spoken of in mild cases, and to go as high as twenty grains to the ounce. I am not in the habit, in my own practice, of using the solid caustic.

When there is considerable enlargement of the submaxillary glands, physicians have resorted to local depletion by leeches, and also by means of blisters. But the result of experience is, that blisters do more harm than good, often, indeed, increasing the tumefaction, and frequently the whole blistered surface becoming covered with the deposit; while leeches themselves rather tend to increase the engorgement when applied directly over the seat of tumefaction. Here I would rely more on the external application of liquid opodeldoc and other applications, such as the spongy pile, which when moistened with warm water, tends to keep the skin in a relaxed condition.

It is important, throughout the treatment, to sustain the patient by nutritious food. Occasionally, in the malignant form, there are acrid discharges flowing from the throat into the alimentary canal, which keep up an exhausting diarrhœa. This should be checked by the administration of prepared chalk, with the tincture of catechu and paregoric, or a few drops of laudanum. The nostrils, too, are very often much obstructed, giving exit to an acrid fluid, which excoriates the lip and occasionally constitutes a serious evil. It may be sometimes relieved by injections through the nostrils, of weak solutions of sulphate of zinc, two or three grains to the ounce, or Labaraque's solution, very dilute, not more than one part to twenty of water.

In this way you can frequently relieve the nostrils of this false-membranous exudation, and sometimes even wash out the throat at the same time, and more effectually than you could by the mouth. It will happen sometimes that the fauces are so blocked up by the deposit that it interferes with the powers of deglutition, and even causes great difficulty of breathing. Under such circumstances, where the strength admits it, an emetic will be very useful. You may give alum as a safe and prompt emetic, combining with it a small portion of ipecacuanha. A single teaspoonful of powdered alum and ten grains of powdered ipecacuanha will act as an emetic, and rid the patient of this incumbrance without causing any very great prostration.

COMMUNICATIONS.

Cases of Abnormal Urinary Deposits.

By A. W. Woodhull, M. D.,
Of Newark, N. J.

(*Continued from page* 362.)

Whenever oxalic acid is present in the urine, it must necessarily combine with lime as a base, because this is the only base it can readily precipitate from all its combinations with acids.

It would be interesting to inquire why oxalate of lime is not *always* present with an abnormal quantity of urea? What additional diseased organs or functions must exist to allow of their combination?

The conclusion seems irresistible, that the oxalate is generally the result of changes in nitrogenized food, due to the imperfect assimilation of that food; the mal-assimilated, or rather non-assimilated elements, aided by oxidation, forming this substance, which the kidneys eliminate, but never form.

In studying the symptoms of those who are afflicted with oxaluria, we find, if there is any one symptom which more than others is present, it is excessive depression of the nervous system.

May there not exist, then, some hitherto unexplained relation between the function of the assimilative organs, and the function of the ganglionic nerves?

We have shown that in certain diseased conditions, accompanied by nervous depression affecting the functions of certain organs, we may have a peculiar arrangement of the atoms of the excrementitious material to be eliminated. Is it unreasonable, then, to suppose that in certain *other* diseased conditions, the symptoms of which are characterized by the deepest depression of the nervous system, even to the extent of melancholy and hypochondriasis, we should find the functions of these organs still affected, and acting in such a manner upon the effete materiel as to produce a peculiar, but different arrangement?

We know that the oxalate may exist in large excess, and sometimes unaccompanied by excess of urea, in persons in which the only perceptible cause is of a mental character, as anxiety, severe study, or grief; and it may follow venereal excesses and intemperance, exposure of the lower part of the spine to cold, or injuries to the spine itself.

So that it does not appear at all unlikely that its presence may be directly referred to those cases, in which the arrest of the natural and proper metamorphosis of the tissue is due to organic or functional derangement of the nervous system.

Every day we see the power of nervous action upon organic function. Let a man partake of a full meal, and should he be powerfully affected by grief, fear, anger, physical pain, or great anxiety, the probability will be that his food will be undigested, not assimilated—the man has dyspepsia *dependent upon nervous causes*, and his urine will be loaded with urea, in probable combination with the oxalate, both of which will disappear upon a removal of the causes.

Now, it is the opinion of some observers that the nervous symptoms present in oxaluria are entirely owing to the presence of the oxalate in the system; yet in this instance we could hardly say that the presence of the oxalate was the *cause* of the nervous derangement which preceded it.

So we believe the whole truth may be briefly summed up,—that in cases of long standing disease, the relation of nervous derangement to oxaluria is that of cause to effect;—that such derangement is productive of changes in the assimilative processes, as well as in the circulating fluid itself;—that the impairment of the functions of the kidneys, also depending upon such derangement, is in these cases of such a nature as to necessitate the production of oxalate. We must have two diseased conditions of the system to produce this peculiar morbid material,—impure blood, containing, from whatever causes, mal assimilated substances,—and impaired nervous influence, acting upon such blood.

We may have either one of these conditions alone, and no oxaluria; but combine them, and we will certainly have what has been termed the oxalic diathesis.

These obscure relations of many of our functions to the nervous organization we cannot now clearly understand; we adduce facts, and strive to reconcile them with the actions of known laws; and when we fail, or only partially succeed, we must leave for future investigation the solution of those difficulties which meet us on every side.

Therapeutical Indications.—The best criterion by which we can judge of the truth of pathological research, is based upon the facility and certainty with which remedial agents act upon disease. No matter how splendid may be our theories, or how erudite the investigations upon which they are founded, if they fail in the one test-point of rational treatment suggested by these investigations, they are utterly worthless.

The treatment of oxaluria, based upon the principles of its pathology, which have been advanced, is eminently successful, but few cases resisting the powers of medicines judiciously administered.

In this disease, as has been stated, we have an impairment of the digestive and assimilative organs, accompanied by excessive nervous derangement and depression, the one preventing the proper appropriation of reparative material, thus causing to be present in the system an undue amount of effete substance; and the other, by a perverted, abnormal power, producing such change in the said substance as to result in the diminution of the salt in question. Whatever the cause of the digestive derangement, or wherever its location, we should diligently seek to remove it. If the stomach be irritable or weak, it should be strengthened by gentle tonics, being careful not to overtask its powers. If torpidity of the liver exist, attention should be primarily directed to it, and a mild cholagogue be administered, the most effective being the Pil. cath. comp., or Pil. Col. c. Hyd., in small, frequently repeated doses. Every device calculated to promote cheerfulness and hope should be brought into requisition.

Diet is of the greatest importance. This should consist of well-cooked, easily digestible food, about equally animal and vegetable. It is a mistaken idea that the reception of nourishing food into the stomach of a debilitated, dyspeptic invalid will nourish him, or that the temporary excitation of the circulatory or nervous systems by repeated exhibition of stimulants, will strengthen him. A patient may lose flesh, and absolutely starve, on a diet of meats and liquors three or four times a day, and grow fat on rice, or milk, or other food the stomach can really digest. The same is true in reference to the administration of some of the usual tonics, as iron and quinine, substances worse than useless when the digestive organs are in such a condition that they cannot be taken up by the system. The mineral acids will be found far more appropriate under such circumstances.

The plan of partaking of food more frequently, because the stomach is unable to bear much at a time, is most pernicious. The effect is to keep the organ in a continual state of excitation, allowing no period for rest. If we leave the stomach long enough quiet, it will make its own calls for food. Of drinks, water is the best; of the milder stimulants, when they are required, lager beer is to be preferred; and of the stronger, a little pure brandy in a glass of water may be taken as a beverage at meals.

The perspiratory functions should be carefully attended to, as the skin will usually be found dry, parched, and inactive; the daily tepid, or cold, or shower-bath, with active friction, should be recommended. The exercise should be within the limits of fatigue. The body should be well protected from sudden changes in temperature, so common to this latitude, by flannel or merino garments, and, as near as possible, an equal degree of heat should be maintained by the body.

When great irritability of the nervous system exists, the Sulphate of Zinc has been highly recommended, beginning with grain doses, three times a day, increasing every fourth day, until the dose be five or six grains. I have found the Valerianate of Zinc answer a still better purpose, in doses of gr. j—iij., three times a day.

Complicated with anæmia, or chlorosis, the disease must be treated with reference to the condition of the blood, and some of the preparations of Iron will probably be indicated. The best is the ammoniated citrate in gr. v. doses, three times a day, *after* meals.

Dr. Bird strongly recommends colchicum in cases which have resisted all other treatment; and the well-known action of this remedy in preventing the formation of uric acid, should warrant it a fair trial. But the remedy, the administration of which has been followed by

the most satisfactory results, is the nitro-hydrochloric acid.

It seems peculiarly adapted to relieve many of the pathological conditions present in oxaluria.

In many diseases of the liver, it is very valuable, and much benefit has been derived from it in cachectic states of the system dependent upon many causes. But its effect upon the elimination of the oxalate seems to be almost specific; and it probably acts by decomposing, or destroying in the blood, substances which are either abnormal or in excess, leaving unaffected the normal constituents of the fluid. And experiment tells us there is no better solvent of the oxalate than this very acid. It should be combined with other agents in accordance with the indications of the symptoms of the case. Care should be taken in its preparation, that not merely a *mixture* should be used, but an actual compound, arising from a mutual decomposition of the nitric and hydrochloric acids. For this reason one part of the former should be united with two or three of the latter, and allowed to remain together at least five minutes before dilution to a degree, proper for administration.

Should there be evidence of the formation of a calculus, no better remedy can be prescribed.

Thus, by carefully watching the symptoms, and bringing to our aid all the means in our power to assist us in forming a correct diagnosis, foremost of which would we rank accurate analytical examination of the urine, and making use of the hygienic and remedial agents which sound pathology and experience suggest, our efforts may generally be crowned with success, and a most distressing and hitherto intractable disease be replaced by the blessings and comforts of health.

Remarks on the Views of Dr. Todd, in reference to the Treatment of Acute Diseases.

By an Old Fogy,
Of Philadelphia.

Ecce iterum Crispinus! Is it possible that the long, languishing debates of our youth, many times exhausted, and which we had fondly hoped were settled forever, are now to be resumed? Is it really in destiny that what employed us, in those days, for several years of careful and comparative observation, in the wards of the Pennsylvania Hospital and elsewhere, is now not only raised again as a subject for discussion, but brought forward with all the eclat and circumstance of novelty, and as a development of the science of the age? Have our old debates between leading teachers in Philadelphia, contests with the New York school in the days of Hosack and Dyckman, and over-rulings by eminent practitioners in this city, which we had thought so long contested and so thoroughly exhausted, been again awakened, and awakened as a novelty and a step in the progress of science? Have teachings of Dr. Parrish, which Dr. Wood has not preserved, come to us again as the inference from an age of improved chemistry and extended use of the microscope? Can convictions

> Quos neque Tydides, nec Larissæus Achilles,
> Non anni domuere decem

could remove, be overturned by little more than a simple declaration of opinion by a great man? Or, in more humble and familiar prose, has Monsieur Tonson really come again?

It is with much hesitation, certainly, that we have undertaken to make critical remarks upon this very authoritative volume; the character and position of the author have been so high as to render caution in this respect his due; and we understand that he represents the opinions of a large and much-respected number of members of our profession, who deem his general views not only sound, but as constituting, together with those of others who agree with him, a real and valuable step in advance for the healing art. At the same time, we feel that we shall be obliged to differ from many of his opinions and very greatly modify others. For the sake of the necessary brevity, we shall sketch, as briefly as we can, the leading propositions of his work, and follow them with a few comments.

Dr. Todd's book is without any methodical arrangement, but presents its subjects in an apparently accidental succession. This he ascribes to the fact of its being composed of clinical lectures, and growing out of the succession of well-suited cases in the hospital. We shall endeavor, as far as is in our power, to supply the deficiency. The real animus of his volume, the elementary and central idea, seems to be the attempt to disprove the propriety of depletion, and to maintain that brandy and other stimulants support the powers of nature, and are, for that reason, the most important part of the proper treatment of phlegmasiæ. As this seems best developed in his chapter on

Acute Internal Inflammations, and that on the Therapeutic Action of Alcohol, we shall take the liberty of presenting them first.

Inflammation is a deranged nutrition. Acute internal inflammations are to be suspected of being always connected with some diathesis, as gouty, rheumatic, or scrofulous, (p. 169,) and dependent on a morbid matter. To get rid of this, vital power is requisite; and the best treatment is to supply nutritious matter, as by broths, etc., and by alcohol. In page 176, this last acts upon the Liebigian theory, that it is a supporter of calorification in the lungs, and spares the waste of the materials of the tissues in that process; but in lecture xiv. alcohol is brought forward as itself nutritious. It is rapidly absorbed, and its addition to the animal fluids most nearly resembles the effect of the digestion of lean meats; (p. 287;) alcohol being the preferable nutriment, as it requires no previous digestion. In a proper dose, it particularly both supports and protects the nervous system. Absolute or anhydrous alcohol "can only be taken with extreme caution and in very small doses." We thought it was a powerful poison; Pereira, II., 907, edit. 1852; and never employed in medicine; Merat and De Lens, I., 152. Brandy should be given in small repeated doses, as half an ounce from every three hours to every hour. It is not essentially necessary in pneumonia, but it is an important accessory. It will cure delirium in acute disease. The case xci., however, was of delirium tremens; but the next is of epileptic delirium, one occurs in pneumonia, and others in typhus fever, small-pox, etc. Continuous fevers are typhus, typhoid, and relapsing; the latter of rare occurrence, and omitted in the discussion. It is better to stimulate too much than too little, (p. 92.) To his aphorisms, at page 127, we can, in general, give a hearty concurrence. They relate, principally, to good nursing, patience, the avoidance of fidgety meddling, attention to the bladder, and omission to disturb the patient materially for slight changes in the secretions.

The "nimia diligentia medici," censured by a great practitioner, is here justly pointed out and condemned. Dr. Todd is not the worse for the sanction of Sydenham; but the "nimium diligentiæ," at page 46, would hardly, we suspect, be received at Eton. Aphorism 9, however, only enforces the dogma about stimulants which we have given above; and aphorism 10 urges the increase of stimulation for the increase of delirium or coma; recommending, however, blisters on the nucha and over the cranium and heart.

A sketch of the physical signs of pneumonia is given; and then a table of the condition of the urine in a case. This is prepared by Dr. Conway Evans. We do not quite understand the comments of Dr. Todd. The summary seems to us to be that organic matter in the urine diminished to one-fourth, from the eighth day of the disease to the fourteenth, and then increased to quite the original amount by the twenty-first; while the fixed salts diminished to less than half from the eighth to the twelfth and thirteenth; then suddenly rose to four and a half times the amount with which they started, and reached eight times that amount on the twenty-first; that the urea, extractive matter, and ammoniacal salts diminished by the fourteenth to less than one-fourth, and then, by the twenty-first, increased to four-fifths of their former proportion; and the uric acid fluctuated by no discoverable law. The early history of this case is reduced to a mere sketch; and we cannot find what were the external changes which accompanied these variations in the urine. Little more is said of the disease than enumerating it as pneumonia. Small doses of tartar emetic had failed, and larger ones do not seem to have been attempted. The recovery is said to have been rapid when "sweating" was "promoted" by acetate of ammonia. We do not see much other singularity in the treatment, that the absence of bleeding, and the "support" of the strength, as described above. His cases were seventy-six in number; twenty-five were treated by bleeding, tartar-emetic, and, "more or less freely," mercury. The deaths among these were 4, or "about 1 in 6." Under his more recent treatment, among fifty-three cases, 6 died, or "about 1 in 9." This discrepancy is exaggerated. The exact numbers, instead of 1 in 6, or 1 in 9, are 1 in 6·17, and 1 in 8·83; or they are as 16 per cent. and 11·3 per cent.

It is set down as an established point in pathology that *rheumatism* consists essentially in a poisoned blood, pouring out poisoned secretions in "very vascular" parts, which do not, as the lungs and liver, present ready means of elimination. "These are the delicate synovial membranes of the joints, and the almost identical structures, the serous membranes, the pericardium, endocardium, and pleura, the air-cell of the lung itself, and even the peritoneum." We had really thought that the serous and synovial

membranes contained *no* blood-vessels, and their vicinity but few, excepting the little clusters of red arteries and veins in the fatty clots or tufts, the "pelotons" of the joints, and except where the membrane coated a vascular viscus, such as the liver. The composition or character of the peculiar morbid product, or "materies morbi," it looks more learned in Latin, is nowhere, as far as we can find, clearly defined, or even, what is easier, discussed. We are told, p. 20, that it arises from checking perspiration, which discharges a large quantity of free acid; and that this gives rise to the evacuation of lithates, purpurates, and even blood, by the kidneys. Incidentally, again, and in the middle of the treatment, p. 45, we are informed that "it is probable" that the "materies morbi" is lactic acid, or some analogous agent. No explanation is given of the process by which retention of the lactic acid by the skin gives rise to such results as the discharge of lithates, purpurates, and blood. The treatment by bleeding, considered separately, and not as part of a method, leaves the patient debilitated, and sometimes occasions death; a result which we certainly do not doubt. Moderate bleeding and diaphoretics "appear to increase the danger of internal effusions into the pericardium, pleura, and synovial cavities," and "the most violent and troublesome cases of delirium." Mercurial treatment is "curing one disease by setting up another," and often a worse; as ptyalism, with loose teeth, ulcerated gums, etc.;" and "does not in the least" guard us against inflammations of the serous membranes. It should seem that it cannot be moderately used. "Colchicum and guaiacum" are classed together; and colchicum can cure gout, "but it is far from acting in an analogous manner in rheumatism, either acute or chronic. Guaiacum "has less claims," and neither of them can do much good, except by "colliquative purging;" and then they give rise to exhaustion. "Treatment by opium has much to recommend it," but is not advised alone. Haygarth's treatment, by large doses of bark, now superseded by quinine, is not to be approved of, because it and bleeding "are completely at the opposite extremes of our therapeutical resources," and he "approves of neither," except in colliquative sweating, with copious and pale urine, and abundant "*pale lithates*," in which quinine has done great good, and rapidly. The italics and the preference of "lithates to urates" are his own.

The last and best method is by elimination. This is executed with Dover's powder, made with nitrate of potassa, by carbonate of potassa in large doses and moderate purging by "our hospital nostrum, the white mixture, containing magnesia and sulphate of magnesia." Leeches do no permanent good to the affected joint; the heat and pain return, and then the repetition of the process is useless. The joints should be wrapped in "cotton wool," covered with oiled silk. Blisters have been serviceable.

Nearly a whole lecture is occupied with "the delirium." It resembles delirium tremens, but is sometimes comatose. It is *not* necessarily connected with the affections of the heart. On these last we see nothing original. The delirium is to be treated with opium at once, "possibly liquor ammoniæ acetatis," bicarbonate of potassa, wool or blisters to the joints, beef tea, and brandy or wine freely, with purgatives moderately or carefully.

We have not made room for the case of pyæmia and the comments. They have not struck us as singular.

Constitutional erysipelas very frequently begins in the throat. It sometimes wanders down over the respiratory mucous membrane, in general passing very rapidly over the larynx, and then producing erysipelatous bronchitis; a complaint of more common occurrence than is generally supposed; very fatal, accompanied by great prostration, and often by purulent expectoration. When the fluid in the air tubes has accumulated sufficiently to narcotize the nervous organs by impeding the aëration of the blood, some have called the case paralysis of the lungs. In case xliv., an interval of six days passed between the visible erysipelas and the commencement of the symptoms of bronchitis. We should have said broncho-pneumonia. It destroyed the patient in little more than a day. In case xiv., though it is called erysipelas, œdema glottidis is mentioned, but no account is given of any cutaneous affection at all. Nearly the same may be said of cases xlvi. and xlvii. Case xlviii. is given as an instance of overstimulation, with ammonia, chloric ether, and brandy. The patient in case xlix., aged 27, died of erysipelas of the face, under violent stimulation. No broncho-pneumonia was found; but a recent pleurisy existed, and no other morbid change was observed. Several more cases are given which we shall not analyze. They were all actively stimulated, proved tedious, and spread extensively.

Upon the cases enumerated in lecture vii.,

the present reviewer confesses himself unable to form any opinion. The fauces were scarcely ever seen. The narratives have given him the idea of violent spasm, possibly from an affection of the brain. Although Dr. Todd describes the malady as paralyzing the muscles of deglutition, yet it appears from the narrative that in general a violent trismus prevailed! No marked evidence of inflammation of the mucous membranes is made out, although he classes these cases as extending to the lining of the air-passages! There is not even any mention of eruption on the skin at all, although the disease is enumerated as a variety of erysipelas! The faintest allusion is not made to the very probable suggestion of diphtheritis, which the cases externally so much resemble.

We should have thought that, to any one who had seen practice, the mere recapitulation of the preceding conclusions would have been sufficient; that daily experience or numerical comparison would have convinced any such that nearly all the distinguishing points peculiar to Dr. Todd, which we have above recited, should be rejected without further discussion; and that almost the only remaining question capable of controversy, was, how any body could be induced to entertain such opinions. The reader may, at all events, depend upon the entire fairness of the above citations and allegations.

The space at our disposal will not admit of our taking up the above dogmata seriatim, and replying to them individually; and we have concluded to sketch out some of the remarks which we feel it proper to make on them, in a consecutive mass, and leave the matter so that the modesty of the reader who may agree with us should not be compelled to yield at once to uncontradicted authority, but should feel such support as is derived from the fact that there exist individuals who have received the same impressions.

First, then, our distinguished townsman, Professor Gross, was fully borne out, when, in a recent medical society memoir, he alleged that this so received new doctrine was, tout simple, a revival of Brunonianism; that system so universally discussed usque ad nauseam in a former age, and which our own Rush, in his manuscript lectures, more than once qualified as "that detestable Brunonian doctrine." The theoretical refinements published under the now twice celebrated name of John Brown, possess a charm for those fond of prolonged chains of abstract reasoning, may be called transcendental, and, possessing this character, had for a long time great vogue in some of the Universities in Germany. Something of the same kind occurred in his own island, as may be occasionally seen by those who consult Darwin's Zoonomia; but the portions which most directly interest practice, and hence, perhaps, possess the most importance—which gave rise to the violent stimulation that Brown brought into vogue, are more to be gathered from controversial publications and from tradition than from the text of the Elementa Medicinæ. Yet we have, of sthenic diseases, "cccxlii. Inflammatio, vel ad hanc vicinus adfectus, sive catarrhalis sive alius, diatheseos sthenicæ pars, in loco laborante quam alio quovis pari major est. Quod hic quoque noxæ excitantes in totum corpus agentes signa morborum toti communem adfectum demonstrantia, et hunc auxilia toto depellentia, manifestant."

"cexliii. Communis adfectus loco contentum plerumque præcedit aut simul incidit; nunquam sequitur, quia causa ejus, incitatio nimia, diathesin creans, et toto corpore diffundens, ante ipsum morbum existit.—Hinc in magna diathesi loci affectus magnus, in minore obscurus, in mediocri et leni propterea nullus, quod ei diatheseos morbosæ magnitudo necessaria est. Sic in peripneumonia—item in rheumatismo—nec in rubeola—non."

And of pneumonia, "cccxlix. Sedes morbi totum corpus, totum genus nervosum est."

Of diseases in general, "xcvi. In medendi consilio, sola materiæ morbificæ ratio habenda est, ut tempus quo exeat corpore detur."

"xcvii. Si enim morbus ut communis rite administretur, omnis eruptio et, quæ hanc sequuntur, omnis inflammationis omnis exulcerationis species communis curationis felicitatem sequuntur. Hoc variola—rubeola—pestis—cynanche gangrænosa et alii Typhi cum simili partis vitio declarant. In his duabus periculum vitæ semper e communis adfectus magnitudine est, nec sine hac localis formidini esse debet. Adeoque idem de prioribus verum est ut—tota e communibus auxiliis curatio pendeat."

These quotations certainly furnish abundant authority for the doctrine that inflammatory diseases mainly depend on the state of the circulatory system; and when to this we add the use made by Brown, of the argument of the so prevalent existence of either direct or indirect debility, implying the necessity of stimulants,

we have enough to cover the whole general principle so conspicuously inculcated by Dr. Todd.

We have thought, as man was a limited creature, limited in his actions and endurances, and in the quantities of matter on which he can act, and which can act on him, that this principle would apply, in common with all other human affairs, to the practice of therapeutics; and that the proper treatment of his diseases depended on the amount, quite as much as on the selection, of the remedial agents to be employed for his benefit. As he varies excessively in powers in the different parts of his body, and as he appears in different individual specimens, and as we have not even a complete catalogue of the variations, it appears to us that no practice can be sound and proper that is not founded on careful and enlightened watching of the consequences or subsequences of the applications made. By doing this, there has arisen a truly surprising amount of agreement in the experience of men of different ages and countries, and even when they have proceeded upon diversified principles or doctrines. This requires, however, that they should be scrupulous and skilled observers of nature and truth; and such is, in fact, a universal mean of distinguishing such men. In this way, a "common sense," founded on common experience, has arisen in the profession.

This common sense has rendered it very improbable in frequently occurring and well-known diseases, in the absence of very certain evidence, and without repeated observations by different observers, that any remedy, long used with discrimination by careful and painstaking men, should be found deserving to be entirely excluded from practice, or to be carried to any great excess or universality of employment. Abstract theories, or the belief of great men, are, in such cases, of little real weight beyond the encouragement of cautious trials of deviating processes; and the daily experience of observing and morally well principled individuals is capable of judging, and confirming or condemning them. Attempts to advance therapeutic science should be accompanied by a thorough investigation of facts, a knowledge of what had already been done in the case, and an accurate and well-trained discrimination.

One expression, long used and familiar among those who employ metaphorical and poetical language in a science above all others calling for precision, has derived an increased importance from being made the basis of a theory. When used indiscriminately among a crowd of other indefinite expressions, the term "supporting nature," meaning by stimulants and food, has always appeared to the mind of the present reviewer to be of a mischievous character; but how much more important does it become when made the basis of a body of doctrine, attempting to revolutionize the whole practice of medicine, and create a reputation for a new teacher!

How can we support Nature by stimulants and food? Nature is almighty, and admits of no support. She is the will of God; meaning that part of it which accords with what we call fixed laws in the material world. The same Nature which makes one part inflame, compels another to turn pale, or to become gangrenous. The same authority that bids one patient recover, enjoins it on another to die. Although it be the powers of Nature that make one stomach react upon the application of a fitting medicament, impulsions emanating from the same source and subject to the same control will, at another time, decompose the organ under our treatment, and convert its substance into a variety of chemical bodies, to be scattered among adjacent masses and enter into various combinations; some to become part of diversified vegetable and animal structures, others to be added to the amount of the atmosphere and the soil.

When we apply stimulants and food to a stomach, if the powers of Nature in the part be inadequate to the effection of our purpose, we shall fail in it. If these powers possess adequate activity and adaptation, we shall cause the stomach to digest more rapidly, and sometimes, from errors in our judgment, or from necessity, in a more imperfect manner. When we supply food, we furnish materials for this purpose; a part of which may be absorbed and used as blood. Yet, in all this, at last, we have only employed certain powers of nature in a part of the animal body; and whether the increase of their activity and the supply of materials will benefit the rest of the organization, is a question to be answered, exactly like all others in therapeutics, by examination of the facts. That teaches us, and, under the circumstances described above, it becomes a part of the common sense of the profession, that the result is very various. Sometimes the functions of the brain are strengthened; sometimes they are weakened; and the same is the case with muscles, heart, arteries, nerves, lungs, &c. In other words

there is nothing special or universal in the supplying of food and the action of stimulants, and their effects must be determined like any other medical facts. Neither muscles, brain, nor heart are "the system;" nor are their powers more the powers of nature than those of any other parts. Exciting them to undue action is so far from strengthening the vigor of the whole frame, and increasing its power of recovering from disease, that it only deranges, and frequently diminishes, what it was meant to increase. We do not here mean to intimate that it is not frequently profitable to increase the activity of the stomach, heart, and capillaries, and to supply more food; but that there is nothing in these measures released from the government of ordinary rules, or, in fact, any *safer* than in any other prudent treatment. It is our privilege and our duty to study those powers of nature which relate to human life; and to present to those of them which can be made to prolong it and free it from a portion of its sufferings, such means of bringing these into action as are in our power. To personify Nature as favoring us more than this, and as a being capable of support from our interference, is, in reality, a superstition; and we err as well as sin in ascribing to her the attributes of the heathen pantheon. We think her a bad choice; and would prefer Minerva, Juno, or Hygieia.

Many of our most violent detorsions of language seem to be owing to terror in the physician; in which case it is an inexpressible comfort to find a shelter in an obscure and indefinite rationale; which hides all doubts from the attention—the next most soothing thing to removing them—and throws the responsibility on a goddess who is to be propitiated with whisky and beef tea.

We do not understand an erysipelas that runs through the nasal and bronchial cavities, with little or no appearance on the skin. We inquired of one of our highest authorities, profound and skilful in modern diagnosis, with regard to a case submitted to his inspection. It exhibited an external inflammation for about an inch around the nose; and the internal affection was ascertained not to be diphtheria; but adherent matter, swelling, and redness were very visible on inspecting the pharynx, &c. Why should this schneideritis, pharyngitis, and bronchitis be called by the name of erysipelas, which is defined to be a disease of the skin? A disease of the skin, *not* of the skin!

We confess to a strong presumption that most of these rapidly mortal cases have been instances of diphtheria. It is well known that this disease does not always conspicuously affect the larynx with croup; and do we possess any other idea of a disease, except this forced and imaginary extension of the term erysipelas to the pharynx, &c., capable of explaining the rapid progress and mortality of those well-known cases? And is it quite certain that none of the instances popularly cited were really accompanied with croup? The present reviewer doubts this for the Philadelphia cases. Omne ignotum pro magnifico. Erysipelas running down the throat is wonderful enough to explain wonderful results, even the wonders of diphtheria.

A partial apology for the extent to which Dr. Todd recommends the employment of stimulants in inflammatory disease, may be derived from the very general habituation of the great mass of the English people to the use of fermented or distilled drinks; which is carried, we believe, much further than the similar practice in the United States. So much is this the case that such potations at meals seem to be considered as a matter of course; "drink," with very respectable writers, appearing to imply drink of that description.

In chronic rheumatism, not syphilitic, many American physicians make use of a mercurial treatment; and many of them allege that it is, in their hands, the means of recovering more cases otherwise incurable than by any other drug. Yet we never learned from them that it was necessary to produce ptyalism, loose teeth, ulcerated gums, &c. The present writer has a peculiarly large experience on this point. The slightest possible affection of the mouth was the rule; the faintest decidedly metallic taste, the slightest discoloration and swelling of a spot on the gums, the faintest evident vitiation of the breath, was sufficient for a sudden amendment; and the recovery was less rapid if a stronger impression was made. To obtain this effect, use was generally made of corrosive sublimate, and continued care enjoined as to warmth and dryness.

The action of cinchona and quinia is *not* the "opposite" of the effect of bleeding. The one does certainly, in general, lower the volume and force of a pulse. (It is well known that it sometimes increases them, as in Rush's depressed pulse.) To a very limited extent, the other treatment does maintain, and possibly a little increase them; but, in every other respect, these two remedies cross each other, diverge,

and sometimes co-operate in their effects, without the faintest limitation to opposition. Dr. Benjamin Rush did indeed call the pulse the "nosometer" of the system, meaning probably the heart and arteries; but the pulse is certainly no measure of the activity and force of the brain, spinal marrow, muscles, or stomach, nor even, taken alone, an adequate one of the heart itself.

We fear, on the other hand, a disastrous influence of the opinions of Dr. Todd, in increasing that vice, so common among the self-mistrustful minds of our profession, of making patients stupid with alcohol and opium, the moment the case appears not likely to terminate favorably; obscuring all the symptoms, giving the physician a competent excuse for not studying them, and vaguely affecting to throw the responsibility on Nature; while, at the same time, the attendant family are profoundly convinced that he is doing all he can to "support the system" and "hold the patient up."

Brought forward, as these teachings are, in the character of inferences from an advanced state of science, they are not supported by the belief of the time in the region where the most rapid advances are made, the continent of Europe. We had intended to make some citations to prove this, and had volumes of Virchow and Frerichs at hand for the purpose; but a moment's inspection showed the utter incongruity of the researches of these writers with any such opinions, and the needlessness of specifying.

B. H. C.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

SATURDAY, JAN. 5th, 1861.

Medical Clinic Service of Dr. Gerhard.

ANEURISM OF THE AORTA.

This is in a Frenchman, 34 years of age, of healthy parentage, who was in excellent health until about eighteen months ago, when, while working in California, he began to be troubled with pain about his heart, whenever compelled to use any more than an ordinary amount of exertion. This condition continued for about a year, until last August, (1860,) when he became conscious of the existence of a tumor on his left side over the region of the heart; and it appeared to grow quite rapidly for two months, but has not increased since in as great proportion.

The man, as he lies perfectly quiet on his bed, does not present any evidence of local mischief; there is, however, great pallor of his countenance, and a strong dilatation of the nostrils, showing that there exists a certain degree of impediment to the act of respiration. The skin is moderately warm; the pulse is feeble on the left side, but much more so at the radial of the right wrist, which pulsates very feebly indeed. The pulsation of the carotid artery on the left side is also very feeble; but the pulsation at the region of the subclavian artery, on the same side, is pretty well developed. On the right side the pulsation is still more feeble in the course of the carotid, scarcely felt: below, there is an indistinct circulation through the subclavian, connected with a feeble circulation throughout the whole limb on that side.

Examination of the Chest.—On the right side there is no apparent alteration in conformation. On the left side there is a tumor, extending from the lower part of the second rib down to the fifth rib, and from the sternum to a little beyond the nipple; the tumor, therefore, having a breadth of nearly five inches, and a height of four inches.

There is a strong pulsation felt, on placing the hand upon the tumor, which seems to rise up and throb against the fingers.

Percussion on the right side elicits a clear sound; on the left side the sound is moderately clear under the clavicle, but over the tumor it becomes at once flat.

Auscultation over the tumor reveals an intense thrill, coincident with the act of systole. There is also heard a bellows murmur, not precisely similar to that often heard at the heart, the sound being single; but beyond the level of the tumor the double sound is heard. The systolic sound is obscured by the other sounds.

The diagnosis, therefore, is that it is a tumor under the heart; and it is in all probability a tumor connected with aneurism of the aorta. This is inferred more particularly from the peculiar, strong impulsion given to the hand, placed over the tumor, and also to the ear, and the peculiar sound caused by the passage of the blood through the tumor.

These signs, however, are not invariably caused by an aneurismal dilatation; for the same signs would occur from a tumor pressing on the aorta outside of it, which would necessarily compress the current of blood passing through that vessel. In either case the physical conditions are almost precisely the same.

There is also present in this case disease of the lungs, which always occurs in cases of aneurisms of the aorta after they have reached a certain stage. This disease is connected with inflammation of the bronchial mucous membrane, which is known by the existence of a frequent cough and an abundant expectoration of a whitish liquid mass.

Treatment.—It is perfect folly to attempt to cure a case of aneurism of the aorta of this nature, though there are men who have bled and done various things under the egotistical idea that no disease ought to baffle their skill.

The only treatment is a palliative one, and the main and most important feature is *perfect rest*, which must be insisted on; and it is best in these cases to warn the patients that their lives depend upon rigid obedience to this injunction.

The diet should be good, but of a mild, unstimulating character, just sufficient to keep up the strength of the patient. His bowels should be kept regular, if necessary, administering an occasional gentle laxative; and whenever required, a certain amount of opium is to be administered, the quantity of which and frequency of repetition will depend on the circumstances of the case.

Whenever the bronchitis becomes severe, a little counter-irritation may be applied over the chest.

WILLS HOSPITAL.

Service of Dr. Hewson.

Reported by H. Earnest Goodman, M. D., Resident Physician.

A summary of the cases treated during Dr. Hewson's quarterly term, ending January 1, 1861.

Number of Cases of Diseases of the Lids and Lachrymal Apparatus, 128.

Granular lids,	38
Tarsal ophthalmia,	35
Entropion,	9
Ectropion,	2
Trichiasis,	5
Ptosis,	1
Cystic tumor of lids,	4
Hordeolum,	4
Wounds of lid,	1
Obstruction of lachrymal duct,	19
Lachrymal fistula,	8
Dacryocystitis,	2

Number of Cases of Diseases of Conjunctiva, 138.

Conjunctivitis, acute,	10
" chronic,	19
" traumatic,	2
" intermittent,	1
Ophthalmia, purulent,	7
" pustular,	16
" strumous,	24
" catarrhal,	22
" gonorrhœal,	3
" neonatorum,	3
Granular conjunctiva and staphyloma,	2
" " " vasc. cornea,	11
" " " opacity of cornea,	17
Pterygium,	3

Number of Cases of Diseases of the Cornea, 98.

Corneitis,	8
Opacity of cornea,	46
Vascular "	3
Ulcer of "	13
Sloughing of "	1
Pustular corneitis,	2
Opacity of cornea and staphyloma,	4
Foreign body in cornea,	13
Burn of cornea,	1
Wound of "	2
Deposit of lead on cornea,	4

Number of Cases of Disease of Lens, Iris, Coats, Retina, Eyeball, &c., 168.

Cataract, single,	13
" double,	26
" traumatic,	4
" congenital,	1
" false,	7
Iritis,	16
" with adhesion of pupil and pustule,	5
" and ulcer of cornea,	2
" syphilitic,	2
Wound of iris,	2
Occlusion of pupil,	2
Staphyloma of iris, with ulcer of cornea,	2
Amaurosis,	24
Amblyopia,	8
Glaucoma,	4
Staphyloma,	5
Hypopion,	7
Strabismus,	21
Congestion of retina,	3
Dropsy of eyeball,	4
Inflammation of eyeball,	4
Atrophy of eyeball,	1

Number of Cases of other Diseases, 20.

Otorrhœa,	6
Foreign bodies in ear,	4
Hip-joint disease,	2
Necrosis,	1
Cystic tumors of scalp,	2
Caries,	1
Porrigo,	2
Paronychia,	2

306 of the whole number (547) applied for relief for the first time.

Surgical Operations Performed by Dr. Hewson during the quarter ending January 1, 1861.

For cataract,	30
Anterior operation for absorption,	6
Posterior " "	15
Anterior " " and corelysis,	1
Extraction,	7
Extraction of false cataract, (by Dr. Morton,)	1
Iridectomy,	2
Operations for entropion, (Streatfeild's,)	7
" strabismus,	15

Extirpation of eyeball,	3
Operation for lachrymal fistula,	9
Dilatation of lachrymal duct,	47
Cystic tumors removed from eyelid,	3
" " " " scalp,	2
Calculi removed from eyelid,	2
Foreign bodies removed from cornea,	11
Operations for pterygium,	2
Minor operations,	8
Total,	141

UNIVERSITY OF PENNSYLVANIA.

MEDICAL DEPARTMENT.

Service of Dr. Pepper.

Saturday, January 5th, 1861.

ACUTE RENAL DROPSY—ALBUMINURIA.

This is in an adult male, coming on after exposure to cold. The dropsical effusion began in the face, then appeared on the back of the hands, afterwards in the whole areolar tissue of the body, and ultimately the serous cavities have become involved. There is, as yet, no effusion into the abdominal cavity itself, though it is evidently infiltrated in the parietes of the abdomen.

We know that the case is not one of cardiac dropsy, because the effusion did not begin at the feet and gradually extend upward. The case is one of albuminuria, dependent on congestion of the kidneys. The man is an habitual drunkard. This is often a cause of disease of the liver; but there is not probably any cirrhosis in the present case, nor any contraction of the organ; there is, however, a certain amount of enlargement of the organ, which, very probably, will end in cirrhosis.

The patient does not urinate as copiously as has been his wont, though he passes water, perhaps, more frequently. Testing the urine by heat, it is found to contain a large amount of albumen, which shows the case to be acute renal dropsy. The addition of nitric acid to the heated urine increases the deposit to about two-thirds of the whole bulk. The sp. gr. is, of course, low.

This is, therefore, a case of acute congestion of the kidneys, associated most probably with an enlargement of the liver, in a man of intemperate habits; and a sudden increase in the pathological condition from exposure to cold.

It is not a very promising case. If it occurred in a healthy individual, there would be a reasonable hope for a favorable result from judicious treatment, by the use of the warm bath, fomentations, rubefacients, and, at the same time, elimination by the skin and alimentary canal, so as to aid the kidneys in performing their function. The dropsical condition can generally, in favorable cases, be removed by the use of Rochelle salts, with cream of tartar, so as to keep up free secretion from the mucous membrane of the alimentary canal, as also secretion by the skin.

The present patient being an intemperate person, we must be cautious with regard to treatment, calculated to depress the powers of life.

Treatment.—The treatment will consist in the application of two cut cups and two dry cups to each side of the spine in the lumbar region; in the employment of hot applications by means of poultices, and warm baths at night, with 10 *grs. of Dover's powder*. As a diuretic, the *nitrate of potash* in 5 gr. doses, given in a tablespoonful of water every three hours during the day. If there is constipation, he will be given small portions of Rochelle salts, ʒij every morning, in half a tumblerful of water, which measures are relied upon to reduce the congestion of the kidneys and remove the serous effusion.

CHOREA.

This is a well-marked case of *chorea* or *St. Vitus' dance*, in a boy, nine years of age. He had an attack of the same disease about this time last year, but got better. It returned some four weeks ago, and has been much worse during the past week, rendering him scarcely able to feed, and totally unable to dress himself. He sleeps quietly, however, but cannot keep still when awake. There is an inordinate action of the heart, and a bellows sound very evident.

His mother has no remembrance of his ever having had an attack of rheumatism.

There is increased dulness in the cardiac region, and some prominence at that point. There is tenderness of the spine between the shoulders, a little higher up than the locality of the heart.

When the boy's attention is fixed for a moment on anything, he appears to have more or less control over his motions, but the moment his attention is drawn off, the involuntary contractions begin again.

The tongue is shot out with great rapidity. His bowels are regular in their action, and his appetite is good; but he has some difficulty in swallowing, rendering it necessary to moisten his bread.

The cause is not very clear. One very common cause of chorea is certainly rheumatism of the spinal membrane. The worst case of the kind Dr. Pepper ever saw, was in a boy suffering with acute articular rheumatism, which suddenly seized the spinal membrane, and violent chorea set in; he also had endo-pericarditis as manifested by the physical and rational signs.

In the present case, there is evidently some slight hypertrophy of the heart, with disease of the mitral valves as indicated by the bellows sound, slight prominence in the cardiac region, and dulness on percussion. This condition is pro-

bably rheumatic in its origin, notwithstanding the mother's contrary assertion, for rheumatism may sometimes affect the spinal membranes and the membranes of the heart only, without attacking the articulations, which has probably been the case in the present instance.

The mere bellows sound might occur from anæmia, for in cases of chorea, where there is general anæmic condition, there will often be a bellows sound. This must not be confounded with the bellows sound dependent on valvular disease of the heart. Where there is this irregular action of the spinal muscles, the same irritation may be sometimes extended to the columnæ carneæ of the heart, spasmodic action of the chordæ tendineæ, which keep the valves in position, may result, and regurgitation and the bellows murmur depend on want of proper closure of the valves, owing to spasmodic affection of the heart itself.

It might be supposed that the intermittent nature of this case should not presuppose a rheumatic origin. If, in the first instance, it was owing to an organic disease, why should it have ceased? Probably, at that time, he had a rheumatic affection; not sufficient, however, to produce organic affection of the heart; but since that time the organic disease of the heart has been produced in consequence of the results of that rheumatic affection.

Treatment.—A teaspoonful of the milk of asafœtida three times a day. Some stimulating liniment is to be applied over the spine, at the point of tenderness; and if this does not relieve the pain, a small belladonna plaster is to be applied there. He is also to take internally, as a sedative and slight tonic, the cimicifuga racemosa, or black snakeroot, in decoction; half an ounce of the root being put into a pint of water, which is then to be boiled down to half a pint, of which the dose will be a small wineglassful before meals.

He has already been taking asafœtida about a week, which, as yet, has had no effect in mitigating his suffering.

PHTHISIS, WITH EMPHYSEMA OF THE LUNGS, AND ABSENCE OF THE PHYSICAL SIGNS OF TUBERCLES.

This is in a young man, twenty-one years of age. He has not the appearance of a man fully developed, being rather diminutive in stature, and of anæmic appearance. He is a cooper. His mother died of consumption, but his father and the rest of his family have no tuberculous tendency. Probably, however, the diathesis exists. He has had cough for more than a year, but has never spit blood. He expectorates a yellowish or whitish green mucus; sometimes as much as a teaspoonful in the course of the day, or more. He has lost a good deal of flesh, has night sweats, and suffers from dyspnœa.

Percussion reveals no marked dulness in any part of the chest; on the contrary, there is an unusual resonance, and, under the clavicle, the sound is almost tympanitic, yielding the same sound that is produced by tapping on the cheek when it is distended with air, especially on the right side; there is some feebleness of respiration.

Ordinarily, in cases of tuberculous deposits, there is dulness on percussion, and frequently bronchial respiration; but there is nothing of the kind in the present case. The sounds elicited are the usual physical signs of emphysema, or dilatation of the air-cells, but the history of the case leads to the belief in the existence of disseminated tubercles. Thus, there is protracted cough; loss of strength and flesh; copious expectoration; night sweats; hereditary tendency, etc.; all of which go to show that there is something more the matter than the mere emphysema. There is, associated with the disseminated tubercles, an emphysematous impression, perhaps pressure, throwing the circulation into the lateral branches dilating the air-cells.

Louis used to teach that tubercles did not coexist with emphysema; but we have sufficient evidence that the two do sometimes occur together, as in the present instance.*

The vital capacity of the patient, tested by the spirometer, gives but 78 inches, but he evidently fails to take a sufficiently deep inspiration. The emphysema would necessarily more or less impair the vital capacity, diminishing the number of cubic inches of air that the patient could expel from his chest, but certainly not to the same extent as would result from the presence of tubercles.

Treatment.—The patient has been put on the use of cod liver oil, in doses of a tablespoonful three times a day; and he also takes three times a day 5 grs. of Vallet's mass—carbonate of iron.

For the cough, he has been prescribed—

Morph. Sulph.,	gr. j.
Tr. Hyoscyami,	f. ℥ j.
Aquæ,	f. ℥ ij.
Syrup. Tolu. vel Prun. Virginian.	f. ℥ j.

Dose, a teaspoonful every two or three hours, as required, continuing the iron and cod liver oil.

CHRONIC CAPILLARY BRONCHITIS.

This is in an adult male. He complains of "something like a rheumatism," and pain in the chest. He worked in a damp cellar for some four years, up to a period of within fifteen months, when his cough began compelling him to change his employment to weaving, but for several months he has been idle, more from

* For a similar case see Report of Prof. Pepper's Clinic in Reporter of Dec. 8, p. 251.

difficulty of obtaining employment than from physical inability to work.

Every morning when he coughs, he expectorates about a teaspoonful of matter, and often white lumps come away, but he has not much expectoration during the day. His general health has become impaired, his appetite is less, and several times, within the past twelvemonth, he has been compelled to suspend his work.

He has not the general appearance that would lead to the expectation of tuberculosis. There is no tendency to it in his family. He has no hectic fever, no emaciation, and never had hæmoptisis.

The pains in the chest, therefore, are probably the effects of the constant concussion produced by his chronic cough.

It is a case of capillary bronchitis; the râles are confined chiefly to the lower part of the lung behind. There are no loud, sonorous, or sibilant râles; but the sound is a fine crepitation, not such as is found in pneumonia, but what would be called sub-crepitant.

There is, with this condition, no dulness on percussion, or any other indication of solidification of the lung.

It is nothing, then, but a case of chronic bronchial irritation in the lower part of the lung, no doubt contracted while the patient was working in the damp cellar; and his subsequent occupation was not calculated to improve his condition. Weavers are constantly inhaling a close atmosphere, filled with fine woolen materials; and this class of men are especially prone to chronic bronchitis, or consumption, according to the peculiar diathesis of the individual.

Treatment.—This will consist in decided counter-irritation, over the region of both lungs, by means of Croton oil, one part to two or three of olive oil, which is to be well rubbed in, carefully, over the lower part of both lungs behind, cautioning against carrying his hands to his face while using the liniment. This counter-irritation is to be continued from time to time, as required. He is to use an expectorant mixture containing some anodyne:—

Syrupi senegæ,	
" ipecac.,	āā ℥ss.
" scillæ,	
Morph. sulph.,	- gr j.
Aquæ, - -	℥jss.

The dose being a teaspoonful every three hours, and, if that amount nauseates him, the quantity is to be diminished.

TAPE-WORM.

This is in a girl, 12 years old, and it is not an uncommon affection. She exhibits many hundred pieces of tape-worm passed from her, which have been collected during the past three months. These links are very small, tapering down to almost one-eighth inch, and the larger portion of the worm has probably been passed; but, as she continues to void links from time to time, the head of the animal must still remain in the intestinal canal. She has never passed many feet at a time, as is sometimes the case in these affections, but only little by little, and she discovered the nature of her affection by these things coming away from her while walking, which is the usual history of such cases.

She has had this disease about a year, previous to which she was in good health; her nutrition has become impaired, though her appetite remains good, but more or less capricious; she sleeps well at night. She has a tingling, stinging sensation in her abdomen, but it never pains her much; sometimes her abdomen swells up.

By the advice of a physician, she has taken turpentine in castor-oil, but not with any sensible benefit, nor did the medicine seem to increase the number of links discharged. There are no peculiar symptoms characteristic of her complaint, and the only means of confident diagnosis is the discharge of the links of the worm.

She having tried no treatment but the turpentine, which proved unsuccessful, it will not be repeated, though it is a most valuable agent. She will be put on the use of the pumpkin seed, putting two ounces of the bruised seed into half a tumbler of water, and taking the pumpkin seed and water thus mingled three times every day, morning, noon, and evening, while fasting.

CHRONIC LARYNGITIS WITH SOME APHONIA CONSEQUENT UPON TUBERCULOSIS.

The patient is an adult male, 27 years of age, and a weaver by trade. His family are not of the tuberculous diathesis.

Until some two months ago, he was in excellent health, and at that time commenced the sore throat of which he now complains, and his hoarseness has continued some six weeks.

He says that, about two years ago, he spit up a tablespoonful of blood, and has had a little cough ever since, which he did not think much of. He now spits in the morning a white substance, and his health has become so much impaired as to compel him to give up work. He has never had fever, sweats a good deal at night, and feels weak.

On examining his throat, the parts look healthy as far as the eye can penetrate, but the epiglottis cannot be brought into view. Evidently the disease is in the larynx, and has not originated in the tonsils or in the velum, but in the fauces.

Tuberculous disease is the most common

cause of chronic laryngitis, and this fact, coupled with the existence of a little cough for two years, after a slight hemorrhage, would go to confirm the diagnosis as being a case of tuberculosis.

The physical signs are not very marked, but as far as they go they tend to the same view. *Percussion* under both clavicles is very fair; on the right side the respiration is prolonged, and when he coughs, a marked gurgling sound is produced, which of itself would be sufficient to excite suspicion. At the lower part of the same lung and behind, there is a blowing respiration. There is, therefore, more or less tuberculosis, and this affection of the larynx is probably tuberculous.

Treatment.—Under these circumstances, the treatment will be that for phthisis. The general strength of the patient is to be invigorated by tonics and the most nutritious food.

The weather is not mild enough for him to occupy himself in any employment, or he would be recommended to seek some light out-door work.

He is to take five grains of Vallet's carbonate of iron, with a tablespoonful of the cod-liver oil after each meal. The outside of the throat presents evidence of some irritant application, probably Croton oil; but the iron and the cod-liver oil will include all the treatment for the present.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

December Meeting.

Reported by Wm. B. Atkinson, M. D., Recording Secretary.

HEART DISEASE.

Dr. Corse exhibited a specimen of heart disease, there being hypertrophy and dilatation with great valvular disorder. Both the mitral and aortic valves were thickened, and the latter presented evidences of cartilaginous degeneration, causing distension of the aorta. The mitral was much thickened and adhesions were numerous, thus reducing the size of the opening. This was a remarkable case, as the patient had existed with this affection for twenty years, the disorder having been diagnosed at that time, and hygienic and medical treatment instituted. The patient, who was 57 years of age, was mother of one child, an adult, and perfectly healthy; had long lead a sedentary life. There had been no endocarditis, yet there were adherent clots, with a number of shreds of fibrin. Perhaps these were entirely post-mortem, showing that the blood was very prone to coagulate. The death occurred very suddenly. No rheumatic diathesis was regarded as being connected with the case.

HEART CLOT—REPORT OF COMMITTEE.

Dr. Woodward would respectfully report to the County Medical Society that, as requested by the Society, he has carefully examined, microscopically, the specimen of *heart clot* exhibited by Dr. Thomas at the last meeting. His observations were made the same evening on his return home, in order that the clot might be as fresh as possible. The following results were obtained:

The large, ramifying clot was composed, throughout, of tough, well-fibrillated fibrin, in the meshes of which were entangled, as is usual, a considerable number of white, and some few red blood corpuscles. The portions of the auricle of the heart and of the papillary muscles of the ventricle, attached to the clot, were carefully investigated. By these investigations the *normal* character of the epithelial and fibrous layers of the endocardium, and of the subjacent muscular tissue, were abundantly established. The idea of an endocarditis, standing in casual relation to the *heart clot*, is at once excluded by these anatomical conditions.

The so-called adhesions, spoken of as existing, in this case, between the clot and the endocardium, were carefully examined. So far as the specimen submitted to him goes, they had no existence, the *appearance* of adhesions being due to an interlacing of the fibrin with the tendinous and muscular columns of the cardiac parietes.

To the above account of the anatomical conditions present in this clot, he begs leave to append the following remarks:

First. Clots as large, as free from color, as thoroughly ramified, and composed of fibrin, quite as well coagulated, though not common, are, in his experience, far from being exceedingly rare, and may be met with in the most diverse morbid conditions.

Second. The presence of such a heart clot is not so much as *prima facie* evidence of the pre-existence of endocarditis; for just such clots may exist without it, or endocarditis without the clots. Even *Rokitansky*, whose elaborate account of heart clots is thoroughly tinctured with many of the errors prevailing in pathology, fifteen years ago, (his "Handbuch" was published 1842–46,) although he still clings to the doctrine that the products of the inflammations of the endocardium, and of the lining membrane of the vessels are effused, or poured out into their cavity, is obliged, by the simple facts of the case, to write, (p. 165, vol. 4, Philadelphia edition,) "These coagula cannot, in themselves, be regarded as symptoms of endocarditis, where other essential evidences of the presence of this disease are wanting; and even where the

latter are present they cannot be considered as affording any direct proof of the existence of the endocarditic process."

Thirdly. The writer can in no wise admit the possibility, suggested during the discussion of this case, that this, or any similar clot, could be formed, completely or in part, by a diphtheritic or other lymph product, occurring as an exudation from an inflamed endocardium into the cardiac cavities. He is perfectly aware of the views on this subject entertained by writers up to a comparatively recent period. The similarity of the lining membrane of the heart and vessels with other epithelial surfaces, and especially with the serus membrane is considerable, and as the serus membranes readily produce upon their surface, during inflammation, lymph masses of all characters, or even pus, the same has been too readily presumed for the lining membrane of the heart and vessels. Concerning this matter many investigations have recently been made, and, among others, by Prof. Virchow, who after a deliberate review of the labor of others and of himself, has arrived at the conclusion* that it has never yet occurred to any investigator, who carefully discriminated the coagula of the blood itself from the supposed exudation, to satisfy himself in a single case of the existence of an exudate poured out into the lumen of the vessel or the cavity of the heart. The supposed lymph products, or even purulent exudations in cases of phlebitis, being now known to be degenerating blood coagula.

Rokitansky, whose eye but little has escaped, was perfectly aware of the impossibility of practically demonstrating these endogenous exudations; for while theoretical considerations compelled him to admit their existence, he is found attempting to account for the impossibility of observing them by supposing the exudation to be washed away into the general torrent of the circulation as fast as effused. The lymph products in endocarditis, and other inflammations of vascular lining membranes, are to be found not on the free surface, but primarily in the SUBSTANCE of the membrane involved, which, in consequence, becomes thickened, and loses its translucency, and may even ulcerate, and then determine by the action of the roughened surface upon the blood-stream a coagulation to a more or less limited extent of the blood or of its fibrin only, as happens, especially where the process effects the cardiac valves.

Lastly. A few remarks may be made upon the probable time at which the coagulation of the blood fibrin took place in this particular case. There can be no doubt, at the present day, that intra-vascular coagulation, more or less complete of the blood fibrin, entangling many or few of the red corpuscles, may take place during life. The recent investigations of Virchow and others, concerning this subject, have put it beyond the possibility of a doubt. These clots may persist in the body, within the vessels, *even* within the heart, entangled among its columnæ carneæ until central degeneration may begin, and they may be mistaken, as they have been, for abscesses of the heart, and for suppuration of the veins. It is also indisputably true, that during the act of dying coagula may form, during the last few hours or minutes of life, *death polypi*, as they have been called, consisting either of fibrin, entangling the usual quantum of red corpuscles, or washed of these during its formation, till the clot may be reddish, reddish yellow, yellowish green, whitish yellow, or whitish, or shading gradually from the blackish crimson of the cruor, on one part, to the lighest of these shades in another.

If now we attempt to determine to which of these two categories the coagulum in question belongs, it appears to the writer that it must be confessed that the evidence that this clot was formed any considerable time before death is of the slenderest possible character. The whole evidence, in fact, would appear to turn upon the supposed time that it would require to form such a clot, for it is presumed by the writer that the mere fact of the patients being suddenly depressed without tangible cause cannot be taken as *prima facie* evidence of the existence of a heart clot, since the same may, undoubtedly, occur where no clot is found after death.

With regard, then, to the time, a very much larger *quantity* of fibrin than existed in this case can be separated from fresh blood by whipping with twigs in two. or three minutes; and although the fibrin, when first thus separated, is not distinctly fibrillated under the microscope, yet it will become so by lying on the laboratory table half the time that transpired between the removal of this clot from the body and its examination by the microscope, as may be illustrated by the following example. In tapping a hydrocele, a few drops of blood fell into the liquid; removed, in a few minutes, a jelly-like coagulum had formed. Examined with the microscope, it presented a homogeneous or dimly granular mass, in which no fibrillization was discernible even with oblique light, but in which a few blood corpuscles were imbedded. Two or three hours later obscure fibrillization appeared, and the next morning when the clot, which still floated in the hydrocele serum, was observed, it was as well coagulated as in the specimen we have discussed. It will, therefore, be understood at once that the distinctness of the fibrillization of the heart clot, under discussion, affords no possible proof that its formation preceded death by any considerable time.

Subject for Discussion:

THE DIFFERENTIAL DIAGNOSIS OF OVARIAN TUMORS.

Dr. WASHINGTON L. ATLEE, in renewing this subject from the point of dismission last winter, referred to his last paper, and briefly ran over the heads which he had laid down as the order

*Cellular Pathology, 2d German edition, p. 184.

of his remarks. *Peritoneal cysts* he had specially mentioned as a new thing, not before introduced to the notice of the profession, and hence he desired more particularly to invite the attention of the profession to that subject. The character of the fluid alone it was, by which they were distinguished from other cysts. This was like spring water, faintly opalescent, but perfectly transparent, without coagulation by heat or nitric acid; hence, no albumen was present. Again, when in ovarian dropsy, the cyst had been emptied, the walls could be felt by grasping the abdominal parietes deeply, and, on rubbing them between the thumb and fingers, the walls of the cyst could be felt receding; and, also, ridges could generally be felt, and often seen. But, in peritoneal cysts, no walls could be detected, nor were there any deposits.

Secondly, after tapping, in ovarian dropsy, the walls of the abdomen seldom sunk below the level, but in the peritoneal form, the incurvation was extreme.

Thirdly, in ovarian cyst, filling up rapidly occurs, in spite of all medical treatment; but in peritoneal, medicine cures the disease.

Cystic tumor of the abdomen had also been spoken of on a former occasion, and under this head he would now proceed. He would, in this connection, relate a case which had been regarded as connected with the kidneys, and also on account of its resemblance to multilocular ovarian tumor. As it was a man, this latter mistake could not have been made.

Mr. J. Y., æt. 60–70 years. Robust and generally healthy. Had one or more attacks of cramp, which were speedily relieved; but with the last, there seems to have occurred some derangement of the kidneys, as casts of the tubes were detected in his urine. He was given quinia for an intermittent which next occurred, and great improvement resulted. Again, an attack came on at intervals of three or four days, followed by vomiting of bile, which seemed each time to relieve him. There was a great fullness of the right side, about three inches to the right of the umbilicus, and above it. The prominence was smooth, yielding, flat on percussion, and fluctuating, about the size of a fœtal head, and immovable. The diagnosis was, that the tumor pressed on the gall ducts, causing engorgement of the gall bladder, and hence the vomiting, and the relief obtained by the ejection of the bile. He rapidly emaciated, the tumor became larger, and others appeared, until the outlines of six cysts could be made out. There was evidently one tumor divided into chambers by septa. By the rapid growth of the tumor, and the decline of the health of the patient, it was believed to be malignant, probably colloid. Dr. Pancoast was met in consultation, but no improvement took place. After a few months, the tumor began to diminish, and the urine to increase. The discharge was of a bloody, dirty brown, with much sediment. The natural inference was, that it was a cyst of the kidneys, and was discharging through the bladder. Death occurred after a few months.

The fluid, as examined by Dr. Drysdale, had a specific gravity of 1020, on alkaline reaction, and contained cholesterine blood cells, granular cells, oil globules, etc. Containing these granular cells caused it strongly to resemble ovarian fluid. Though this was a rare case, yet as the same might occur in a female, it would undoubtedly be mistaken for an ovarian tumor. The early history alone would give the diagnosis. It originated high up, and not where an ovarian tumor would. The seat of greatest suffering was also out of place. The functional derangement was confined to the upper portion of the abdominal cavity. It was also immovable.

Of the several forms of cystic tumors of the abdomen, apart from the peritoneal cyst, already referred to, there is none that will puzzle the surgeon more than that which arises from the body of the uterus itself. Unlike cysts of the liver and of the kidney, its location corresponds with that of the ovarian cyst. Dr. Atlee is of opinion that the first condition of the disease is a solid fibrous tumor, which softens and liquifies, and whose peritoneal coat becomes the cyst wall, and a fluctuating mass, resembling a unilocular ovarian cyst.

When such a case has not been watched from the beginning, it is impossible to make the diagnosis perfectly, without tapping, and examining the fluid. Dr. A. then related a case in illustration.

Mrs. F. K., aged 36 years, when first examined, had a pedunculated fibrous tumor, as large as the uterus at the seventh month, arising from the fundus uteri. This hard tumor softened and became a fluctuating cyst, and was tapped. About six pints of fluid were withdrawn from two separate divisions in the cyst, after which the remains of the fibrous mass could be felt. This subsequently liquified, and tapping was repeatedly resorted to, with frequent injections of iodine. The whole tumor and cyst disappeared, but the patient became cachectic and died. An autopsy showed a muscular and fibrous pedicle at the fundus of the uterus, attached to which was a shriveled up peritoneal cyst. The uterus and ovaries were healthy.

Another would further show the difficulties as mentioned.

Mrs. A. S., æt. 42, underwent the operation of ovariotomy, and during the operation it was found that both ovaries were healthy, but that the cyst, consisting of thickened peritoneum, originated from the fundus uteri, and had a pedicle resembling that of a fibrous tumor. The fluid in many of its characteristics resembled ovarian fluid.

A specimen of the fluid was placed in the hands of Dr. Drysdale for microscopic exami-

nation, without informing him of the peculiarities of the case, and he correctly stated that it was *not ovarian*.

These cases show the great value of the microscope in detecting whether the case is ovarian or not.

In addition, we have another and rare form, a cyst formed of the uterine walls, as in the following case:

Mrs. E. A. B., aged 36 years; diagnosed ovarian dropsy. Tapping was performed, and twenty pints of a yellow fluid were very slowly drawn off, gelatinizing spontaneously, nor was the abdomen emptied, as the fluid was too thick to flow. This proved the tumor not to be ovarian. The patient improved very much, but next day imprudently partook largely of ice cream, ice water, etc., and died of cholera morbus. On examination, a cyst of the abdomen was found, originating from the posterior walls of the uterus, without any pedicle. It was filled with organized fibrin and fluid. This shows the immense importance of paracenteis as an aid in diagnosis.

Had the operation here been attempted the moment the nature of the tumor was seen, the uterus, which was elevated in the abdomen, and its fundus inverted, could have been replaced, an opening made through the walls of the vagina, a trocar passed, and thus the cyst emptied, and kept so by a tube in the vagina. All the fluid would have disappeared as the tumor softened. Or, a perforation could have been made through the posterior wall of the vagina with the same results, and thus no peritonitis be produced. Whenever the uterus is elevated, with an immovable tumor in the pelvis, we take it as granted that the pelvic part of the tumor has been developed beneath the peritoneal cavity and elevated the pelvic organs and pelvic peritoneum by its growth, and hence no peritoneal inflammation would be produced by an operation from below. Another form which similates the ovarian is caused by an accumulation of the menstrual flow in the cavity of the uterus, or in a sac communicating with it.

Mrs. A. E. N., æt. 35, menstruated since her fourteenth year; in a short time the discharge ceased and remained so for one year; it recurred, and again soon stopped, and so continued till her eighteenth year, with great pain at each period. Her health declined. She married at thirty; became pregnant. At full time labor came on, and after much suffering embryotomy was employed. For two years she remained lame in her left leg. After two and a half years the menses returned. She was shortly attacked with dysentery, and while in bed with this noticed the tumor. A clear water escaped from the vagina, which continued, with an occasional flooding, producing great prostration. Defecation was accompanied by a sense of obstruction. The stools were of a small size, and when hard, difficult to expel; urination was difficult, except when the tumor was elevated. On examination, the abdominal prominence appeared like a sugar loaf, tense, and the apex like a small super-imposed cyst on a larger cyst. Between the umbilicus and pubis there was a fluid, supposed to be in the peritoneal cavity. The pelvis was filled with an elastic tumor, which adhered all around it, as it resisted all efforts to push it up, except anteriorly, where the vagina ascended. The sound could be passed up four and a half inches. There was an evident connection between the pelvic and abdominal tumors. Position did not alter either the tumor or the sounds on percussion. It resembled very strongly ovarian tumor. The large cyst was tapped through the vagina to make the diagnosis. The fluid flowed slowly, like sugar-house molasses, both in color and consistence, to the quantity of seven pints in one and a half hours. It was ropy and became hard by boiling. The pelvic tumor was ascertained to be but a continuation of the other. Next day two pints more were discharged. When an examination was made with the sound aud per vaginam, the walls of the uterus could not be detected. The flow ceased. The small tumor above was supposed to be the uterus, as it hardened like that organ under the excitement produced by handling.

The fluid was evidently that of long accumulated menstruations. Hence no operation was deemed advisable. How this could be, and yet flooding occur, he was unable to tell at that time. She improved, but erysipelas and stomatitis occurred, resulting fatally.

The autopsy disclosed healthy abdominal viscera, the anterior small cyst to be a uterus flattened and enlarged, while the other was composed of true uterine tissue. Both ovaries were healthy. The conclusion arrived at was that it was a case of double uterus, with but one cervix, one body being anterior to the other. Hence the menorrhagia had occurred from that anterior, while the flow had collected in the other. He believed that parturition had occurred in the posterior cavity, after which adhesions had occurred, the os was sealed up, while the other remained open.

Adjourned.

—o—

Harvey's Remains.—The subject of the proposed removal of the remains of Harvey is being discussed between the College of Physicians of London and some of the descendants of the great discoverer of the circulation.

The Bearded Lady.—It must be uncomfortable to be born a phenomenon. Paraded during life, and embalmed after death and exhibited. Even the peaceful grave is debarred—as is the case of the Bearded Lady, who died a few months ago at Moscow, was "properly prepared," and now in her coffin forms one of the attractions in an exhibition room in London.—*Exchange.*

EDITORIAL DEPARTMENT.

REVIEWS AND BOOK NOTICES.

RESEARCHES ON PRIMARY PATHOLOGY AND THE ORIGIN AND LAWS OF EPIDEMICS. By M. L. KNAPP, M. D. Second Edition, 2 vols in 1. Philadelphia: 1860.

This work is designed to prove that the origin of all disease, sporadic or epidemic, as well as the conditions resultant upon injuries, depends upon the existence of the *Scorbutic Diathesis*. To account for this, a theory has been invented which provides for the universal existence in every one of a *latent Scorbutus*, which a perfect dietary might prevent; but, unfortunately, owing to our unnatural modes of living, the seeds of scorbutus remain in us for ever!

We might give a *resumé* of the arguments by which these peculiar views are sought to be established, by the following syllogism:

All disease is the result of perverted nutrition:—Perverted nutrition developes the scorbutic diathesis; ERGO—*All disease is dependent on the scorbutic diathesis!* and of *course* the universal panacea will consist in the administration of antiscorbutic remedies—i. e., succulent vegetables. As soon as the whole profession adopt the views of Dr. Knapp, the practice of medicine will be resolved into an easy formula, while the study of physic will be rendered a pleasant pastime.

The author, at one fell swoop, would annihilate the doctrines of our nosologists;—who name diseases from symptoms—as *inflammation, palsy, atrophy*, etc., or else, from the organ in which a disease has become localized—as *bronchitis, nephritis, meningitis*, etc., instead of adopting a name which would explain the cause of the disease.

Therefore, Tweedie, Watson, Chapman, Wood, etc., etc., etc., and all who adopt their views "*strike in the dark, not knowing the essential nature of any one of the so-called diseases in their catalogues.*"

To reconcile the occurrence of contagion with the luminous doctrine of one general ailment, and that the scorbutic diathesis, we have presented to us the convenient theory that contagion arises *de novo* at every pestilential period; and the effluvia from bodies thus affected received into the systems of other individuals, impairs their nutritive functions much in the same manner as anæsthetics, and noxious gases, inhaled into the system, produce tolerably uniform results respectively.

Medicines being held, in accordance with this doctrine, to be mainly servicable as nutrients and eliminants, beef, potatoes, cabbage, and buttermilk, come in much more rationally as applicable to the treatment of disease;—and hence the only law of cure is to repair the injured nutritive process, let it be an ulcer, or insanity, fever, or an ununited fracture;—which process operates with equal force in cures produced by faith and the imagination—charms, homeopathy, and the like. All diseases (i. e. scorbutic diathesis) are produced by three causes, one being remote and the other two excitant. These are *deviations in the vital stimulus, consequent on the impairment of healthful alimentation; deviations in the impression of the atmospheric air;* and *deviations in the impressions of heat, light, and electricity.*

Now in *Epidemic Cholera*, the meteoric are the exciting causes, while the remote cause is error in the vital stimulus of alimentation. This error of the vital stimulus proceeds from scarcity of food, because the disease selects its victims among the poor and destitute, who cannot buy vegetables on account of their high price, and are compelled to confine their diet to coarse animal food:—hence the development of the scorbutic diathesis, acting on which, the meteoric conditions of the atmosphere excite epidemic cholera; hence, in conformity to the Jewish King's adage that "there is nothing new under the sun," *cholera is but a modified scorbutus.*

The reasons for this belief, as deducted from meteoric and other observations of the periods preceding epidemics of cholera, are, *the coincidences of cold winters, retarded springs, and blights preceding its outbreaks.*

Thus the summer of 1831 was one of great heat, humidity, rains, etc., followed by an extremely cold winter which kept the harbors of the United States closed from November until April; this abridged the crops, and raised the price of vegetables; hence the production of scurvy, operating on which, the heat of the summer months culminating in June, caused a devastating epidemic of cholera; which continued its ravages until the ripening of fruits and vegetables unlocking nature's dispensary, allowed the free employment of anti-scorbutic remedies.

Then follow an array of collected extracts and facts to show how cholera and scurvy attack the same classes of society, and under similar circumstances; and how the bed side phenomena and terminations are the same, and how they are both prevented and cured by the same anti-scorbutics—the curative treatment being emetics of common salt at the outset, followed throughout the disease by the bicarbonates of soda and potassa, with citric and tartaric acids; the preventative being a palatable punch of lemonade dashed with brandy; with morphia where there is diarrhœa.

Then follow analyses of 20 cases thus treated in Pittsburg, Pa., most of them at the Mercy Hospisal, in the fall of '54, all of which are demonstrated to be scurvy, and which were all that the author saved.

Then follow quotations and extracts from foreign journals, and authors away back to Hippocrates, showing the similarity between scurvy and cholera.

Cholera Infantum and *Nursing Sore Mouth* are

in like manner shown to be scurvy; which completes the first volume; while the remaining volume is devoted wholly to the scorbutic diathesis, ("which is primary pathology;") the causes of which are all influences which tend to impair nutrition, and particularly defective alimentation, especially abstinence from succulent vegetables, which elaborate the salts of the alkaline, earthy, and metallic bases requisite to repair wasting tissue, and not afforded in any other aliment; hence, pestilence after blights in vegetation.

The signs of scurvy are first, pale and contracted gums; and by and by a purplish line at the dental margin.

Then, after describing scurvy in its various appearances, with sundry reiterations of the favorite doctrine of the book, it is taken for granted that the diminished sp. gr. of the blood, the debility, ecchymoses, petechiæ, hemorrhages, exudations of serum and fibria, ulcerations, and local inflammations attendant on scurvy, show it to contain the symptoms, and consequently the elements of all diseases;—whence it follows *that all disease is resultant upon the scorbutic diathesis.*

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, JANUARY 12, 1861.

FACTS VERSUS FIGURES.

Although we cannot agree in all respects with the views advanced by an esteemed contributor in another column, who makes his appearance under the somewhat cacophonous but modest *nom de plume* of "Old Fogy," yet it is but fair that, in a matter involving the fundamental principles of therapeutics, all sides should have a hearing. It will be seen that our ancient friend is not at all wedded to the new school of stimulation, and he bears with great scholastic power and critical acumen upon the recent work of its most prominent advocate, the late Dr. Todd.

It is one of the most difficult things to arrive at reliable conclusions from statistics, in clinical medicine. Too little attention is paid to circumstances outside the mere fact of a certain disease and a particular treatment.

Thus, for instance, in comparing the mortality from the typhus fever endemic of 1851, at New York and Albany, (see Reporter, Dec. 29,) it was inferred that the greater mortality in New York was owing to over-stimulation, because more died in New York than in Albany, "although there the advantages were superior; here (in Albany) the patients were received into shanties." But this very fact of the patients being received into shanties, with free access of air, constant ventilation, counteracting a concentration of the contaminating poison, is a reason why the disease should have been less fatal in Albany than in New York, and why less stimulus should have been required there. The same fact, we are told, was observed during the great typhus epidemic in New York. The wards of Bellevue Hospital being insufficient to accommodate all the patients, shanties were roughly erected on the hospital grounds, and, from their hasty construction, were, of course, very accessible to air, wind, and weather. The mortality of the patients in the *shanties* was remarkably less under the same treatment than of those in the hospital wards.

It is said that the mortality from fever in the ——— Hospital (under the charge of Dr. Todd) was much larger than at any other institution. Even granting this, it does not militate against the stimulating practice, unless it can be shown that there are no other causes which may have combined to render the mortality in that institution greater.

As another illustration of the same principle, we refer to two of our home institutions, the Pennsylvania and the Philadelphia Hospitals, in regard to the treatment of delirium tremens. The stimulating treatment is the favorite one in the latter institution, while in the Pennsylvania Hospital the expectant, antispasmodic treatment is generally resorted to. The mortality statistics for a number of years back, according to the statement of Dr. J. Forsyth Meigs, in a recent clinical lecture, show very decidedly in favor of the Philadelphia Hospital. But would it be right, hence to conclude that the stimulating treatment was the better one, and to condemn the practice of the Pennsylvania Hospital? By no means. For the average class of patients, the relative number of their attacks, and other important points of consideration, differ so much in these institutions as to render it entirely unjust to draw a parallel between the therapeia of this disease in the two institutions. In the Philadelphia

Hospital the disease is seen from its mildest forms up to the severest, the former adding largely to the favorable percentage of mortality, while the very large proportion of patients admitted into the Pennsylvania Hospital, we are told, are of the very gravest character, patients who are brought there after they have become almost entirely unmanageable at home.

It is hence impossible by statistics to judge of the value of any particular mode of treatment, unless *all* the circumstances accompanying the disease are also brought under rigid examination; and though we attach to statistical medicine the highest importance, yet, when looking at the growing tendency of drawing hasty conclusions from statistics, we deem it our duty to warn against the fatal error of turning the mind into a mere calculating machine, and attempting to supplant philosophical induction and scientific, rational observation by the Rule of Three. "Figures never lie," it is said; but, as has been shrewdly remarked, men who use them sometimes do—often unconsciously.

POISONING.

We refer the reader to the account of a case of wholesale poisoning which recently happened in this city, published in the correspondence columns in this number, and at the same time it is a duty which we owe to the community and the profession, to call attention to some glaring defects in law or its administration.

The symptoms which the patients presented, together with the partial confessions of the suspected poisoner, of having thrown "love-powder" into the food, upon the eating of which these ten persons sickened, and the fact, as shown by witnesses, that the prisoner had made violent threats against the lives of several of the victims, seem to indicate very strongly that here was a premeditated attempt of poisoning. It was certainly a fortunate circumstance that no death took place; yet the attempt is all the same, and the suspicion of criminal motive is as complete as circumstantial evidence can make it.

Yet, in view of all this, we learn that no endeavor has been made to determine positively whether the food eaten by these persons contained poison; and if so, whether arsenic or something else. A sufficient quantity of the suspected eatables is in the hands of experienced chemists to determine the fact; yet the examination, we understand, is at a stand-still, because there is no provision made for paying these gentlemen for, perhaps, a tedious and expensive examination. Whose fault is this? Is the law insufficient to provide for such exigencies? Or does the difficulty lie in its administration? In either case, prompt measures should be taken to procure relief. Had any of the victims of this suspected attempt died, of course the matter would have been strictly examined. But here are ten persons brought to the verge of the grave, and there is strong suspicion of murderous intent. Must we wait in this community until the victim of criminal poisoning lies in the coffin, before a vigorous and positive examination of the case is instituted? Or, if the prisoner is innocent, and all the suspicions are groundless, must the man have the dark suspicion following his life forever, because he is poor, and there is no provision in the same law which arrests him, to pay for the elucidation of the positive facts in the case? Let this matter be ventilated.

MEDICAL SOCIETY OF NEW JERSEY.

The Medical Society of the State of New Jersey, the oldest medical society in the land, will hold its ninety-fifth annual meeting at Trenton, January twenty-second, as will be seen by the official notice of Dr. William Pierson, Recording Secretary. As this society rapidly approaches its centennial anniversary, we hope that new vigor will be infused into it, so that when it throws off the mantle of a hundred years it may be provided with a new garb, decorated with the emblems of rejuvenated energy and progress, and retain its proud Nestorship among the medical societies in the United States. We entreat the profession of New Jersey to labor for this object. A little dash of young America would, we think, not ill become the stately veteran. Let the State

Society in New Jersey look to its laurels, and strive to be the first in work as it is the first in age.

SPIRIT OF THE MEDICAL PRESS.

The *North American Medico-Chirurgical Review* has the following in its January number, in regard to the Ether Patent:

"The Hon. P. F. Thomas, Commissioner of Patents at Washington, deserves the thanks of the medical profession and the public at large, for refusing to renew the patent issued to Dr. Morton and Dr. Jackson, fourteen years ago, for the exclusive employment of ether to induce anæsthesia in surgical operations. The patent expired on the twelfth of November, 1860, and Dr. Morton, some months since, applied for an extension of the patent for a period of seven years. Dr. Jackson, however, would not assign to Dr. Morton the right of extension, and remonstrated against it. On this account the renewal was not granted, and the result has been that the would-be patentee has succeeded in preserving his name from an amount of odium from which he could never have recovered. Such a boon should be as free as the air of heaven.

"It is strange, passing strange, that Dr. Morton, after having achieved so wonderful a discovery, should have been so insensible to his fame as to seek for a patent right. Poverty is a thousand times preferable, under such circumstances, to the most inexhaustible riches extorted from the groans of the people. After indorsing Dr. Morton's claims, as we were induced to do last winter, we deeply regret that he should have permitted himself to go again before Congress. We sympathize with him in his poverty, brought on, as he alleges, by his attempts to introduce the use of ether, as an anæsthetic agent, to the notice of the profession and the public, and we think it is a burning shame upon our country and upon the age, that our National Legislature has not made him a liberal compensation for his great and inestimable services. If the labors of Jenner in the cause of vaccination deserved the recognition of the British Parliament, surely Dr. Morton is entitled to the gratitude of his countrymen for the sacrifices which he has made to furnish them with a safe means of preventing pain in surgical operations and in the throes of parturition."

The Cincinnati *Lancet and Observer*, in alluding to a death from chloroform, which recently occurred in Paris, concludes: "Is it not about time that chloroform should be laid aside? Can any one pretend to lay down rules for its safe administration?" We are glad that our cotemporary assumes the position which we have urged so often of late.

The leading editorial in the December number of the Cincinnati *Medical and Surgical News*, refers to the *res pecuniæ*. It says: "We have become satisfied, that as soon as a Journal has given evidence of vitality, it should be paid for in advance; this is as necessary to its growth and usefulness as nutriment is to the young and vigorous plant." We hope the *News* will be properly manured.

The *American Journal of Indigenous and Materia Medica* is a new monthly Journal, published by B. Keith and Co., as an advertising medium for their establishment. It possesses little or no scientific value.

A similar Journal is the *Journal of Materia Medica*, published by Tilden & Co., which copies from other Journals without giving credit.

—o—

Influence of Pregnancy on Insanity.—Dr. Tanner, in his recent work on the Signs and Diseases of Pregnancy, says that in his experience insanity in women is not benefited by becoming pregnant, and, that in two cases under his observation, marriage only aggravated the morbid symptoms.

Correspondence.

NOTE ON VITAL INDUCTION, COMMONLY CALLED ANIMAL MAGNETISM.

Messrs. Editors:—The question is often asked of medical men, "How much do you believe in Animal Magnetism?" or "Is there such a thing as Animal Magnetism?" and it is almost impossible to give any satisfactory answer, as the pre-conceived values attached by each party to the words used differ very widely. As the question is generally understood by the inquirer, especially if such seeker after knowledge be of the gentler sex, it might be translated "Do you believe that one person may have influence over another unconsciously to the subject of such influence?" and to this question the answer must certainly be in the affirmative; but why this influence should be called animal magnetism does not appear. It has been too much the custom with the public, and, alas! also, with the scientific public, to adduce the words *electricity, magnetism*, as a kind of exorcism when any incomprehensible process or inexplicable appearance has been in question; and especially has this been done in the case of all vital phenomena. But the actions of life should no more be called *electrical* than they should be called *photic, acoustic*, or *thermal:* nervous action has no more to do with electricity than with heat, sound, or light.

Let me endeavor to state plainly what is now received as fact concerning nervous action, and thence try to explain the phenomena of so-called "animal magnetism."

It is pretty well established that the nervous force is a *physical force*, corrlative with light, heat, electricity, galvanism, sound chemical action, etc.; that it, like them, consists of undulations, whether of a peculiar medium or of ordinary matter, it is indifferent to the present purpose to inquire. It is then to be expected that it should be subject to the same laws, *mutatis mutandis*, as its conclatives. It is known that if two or more musical strings be identically attuned, a note produced from one will be reproduced by the others, together with the harmonies; this is a common fact in acoustics; the vibrations of sound are taken on by the subsequent strings, which, by hypothesis, were specially arranged for that purpose.

To the same principle is referable the phenomenon of *irradiation* in light, (in this case the optic nerve being the vibrating medium.) So with electrical induction: a charged body being brought near a number of bodies, each of them assumes a condition of polarity by *induction* without contact; thus a lecturer on electricity may often be surprised by unexpected illustrations of his remarks, proceeding from portions of apparatus which had momentarily escaped his attention.

The late Prof. John K. Mitchell, to whom the scientific world owes much for his patient investigation of the subject of "animal magnetism," gives it as his opinion that the first step in the process is an effect upon the operator's own nervous system, from an exertion of his own mind; in this view I fully coincide. By this means the operator's nervous system attains a certain degree of what, for want of a better term, may be called "*vital tension.*" Now, supposing another person's nervous system to be at precisely the same point of *vital tension*, why (*ex hypothese*) should not the nervous undulations be taken on by the second person's nerve fibres in obedience to a law of what may be called "*vital induction*?" Thus the state of the subject would correspond to that of the operator. This would account for the fact that while so many are capable of becoming operators, so few are susceptible of being thus influenced by others.

I do not wish to be understood as saying that I believe implicitly in any case of so-called "magnetic influence." It is better to "swear by the words of no master," and when the words of the various masters are so contradictory upon this subject, it is better to reserve judgment altogether. But if I was convinced that any such influence had been exercised I would explain it in the above manner.

A limitation must be here suggested as to what are to be considered true cases of this vital induction. A feeling of involuntary attraction towards or repulsion from a person at first sight, is not due to vital induction, because in this case the mind is concerned and its actions amply account for the phenomenon. But if an invalid were made to feel better by the presence of a strong, healthy, sanguine person in the room, *without the invalids being at all aware of such presence*, this would be a vital "action by presence"—this would be VITAL INDUCTION.

JOHN ASHHURST, JR., M. D.

Philadelphia, Jan. 4th, 1861.

SUSPECTED POISONING WITH ARSENIC.

MESSRS. EDITORS:—Thinking that it might be interesting to the profession, I communicate a full account of the case, or rather cases, of suspected poisoning with arsenic, which came under my observation on the 30th of December last, and which caused considerable excitement. About 4 o'clock in the afternoon, I was requested by a young man to follow him to his boarding-place, where all his house-mates were taken sick, probably in consequence of being poisoned. On my arrival at the house of Mr. Isaac Biggardt, 241 Race street, I found him in his bed in a very low condition; his pale, livid skin, was cold and dry; the pulse remarkably suppressed, but not slow. A large quantity of ejected matter stood in a vessel before his bed; its solid portions were floating in a greenish, yellowish liquid. The patient's voice was weak and feeble, almost hoarse; his mind very much depressed, he showing a dislike to answer questions.

Another young man, about twenty-two years of age, was in a still worse condition; his sufferings seemed to be more severe than in any of the rest; he lay on a settee in the kitchen.

An old lady, seventy-three years of age, (Mrs. Rosenheim,) sat near the stove; but, as she appeared quite weak, complying with my advice, she went to bed.

A gentleman, about forty years of age, was in his bed, struggling with the same symptoms.

Thus there were ten persons, all more or less violently affected—some of them walking about, though affected with vomiting and diarrhœa.

These symptoms induced me to fix my diagnosis upon *cholera toxica metallica*.

I recommended the patients first to drink much milk, into which an egg or two were beaten. A hasty examination of some of the soup (noodle) which the patients had eaten, by Marsh's test, showed the brown arsenical ring on a porcelain plate, unaffected by muriatic acid. A watery solution of the acetate of iron, and afterward the hydrated sesquioxide, were administered to the patients in frequently repeated doses, and with apparently good effects.

On my second visit, about an hour and a half after the first, I found the sufferers considerably relieved. At ten o'clock, in most of them, the alarming symptoms had subsided. One

young man, who refused to take any medicine, vomited most violently; the ejected matter in the vessel looked green. Mrs. Biggardt, seeing her husband considerably relieved, felt more encouraged to speak about the affair, and told me that her husband, while vomiting, threw up a considerably quantity of blood. Similar statements were subsequently made by several others of the patients. At this visit, (ten o'clock,) I was requested to see a patient in a neighbor's house, another victim of the attempt. This was the most marked case of all. He had been vomiting all the afternoon, having no idea of its cause, lounging about at a friend's house, scarcely able to walk home. His skin was pale, livid, cool, and dry; his face pretty nearly the facies hippocratica; his pulse was small and suppressed; voice feeble and hoarse; severe unquenchable thirst; the tongue livid, moist, slightly furred, and relaxed. The antidote was given, as in the other cases. The next morning, about nine o'clock, I found him sitting up in his bed, and, though very weak after severe suffering during the night, he felt much relieved, and talked of getting up. He then gave me a full account of his condition on the previous day, which in general amounted to the same symptoms as in the other cases, with the addition that his unquenchable thirst he attributed to a peculiar dryness and choking sensation in his throat; terrible griping in his stomach and abdomen, as if his entrails were going to be rent in pieces; a burning and violent pulsation in his stomach, as if some one was beating him with the fist; a peculiar pain in his back, as if it was broken; much debility of his extremities. On the third morning, I did not find him at home, though his house-mates had heard him complaining much.

On the morning of the third day, I found Mr. Biggardt sitting up, and, at my first glance, was struck with the peculiar œdematous swelling of his face, especially about the lower eyelids; his hands were also œdematous. He and Mrs. Rosenheim were the only two of the patients who needed continuance of treatment, which consisted in the administration of neutral mixture, chamomile and mucilage, with massæ ferri carb.—Vallet's. When, a few days after that, I saw the whole company at the alderman's office, one of them attracted my attention by a remarkable blueness around the eyes, which, in a few days, was by degrees going off. Mrs. Rosenheim's skin was, for a day or two, remarkably yellowish, as if icterus was coming on. Last Saturday, when I saw the sufferers all gathered before the Court of Quarter Session, most of them complained of soreness of their mouths and lips. On some of them, I saw the frenum of the tongue inflamed and swollen; the internal surface of the lips in some was excoriated; in others, the lips were slightly swollen, cracked here and there, and an eruption similar to the one in the convalescence from a gastric fever. I do not know any disease or toxication which might present this series of symptoms but poisoning with arsenic.

A. Patze.

Philadelphia, Jan. 9, 1860.

NEWS AND MISCELLANY.

Deprivations of the Insane for the Sake of Safety.—Dr. Lindsay, physician of the Perth Lunatic Asylum, Scotland, in his annual report, says: "In the course, of our visits to various asylums—even those of first-class reputation in this country—we have found ordinary windows objected to, and not used, because patients might precipitate themselves therefrom; window-blinds, because patients might use the chords for suicidal purposes; pictures on the walls because the suspending nails or cords might subserve similar ends; open fires, because patients might set fire either to themselves or the building; ponds and fountains, because patients might drown themselves therein; flower-gardens, because such plants as aconite, bay laurel, or the poppy, might be used as poisons; artificial mounds or embankments, because patients, whose suicidal propensities takes the direction of butting their heads against walls, might find the additional impetus acquired by rushing down such slopes an important aid to suicidal attempts; cricket and archery tabooed, etc., etc. But accidents will occur, spite of every precaution. The number of such accidents is not, according to our experience, increased by placing the majority of the insane on the same footing as the sane in regard to the furnishing of their dwellings, or to their occupations and amusements; and it appears to us not only ridiculous, but eminently unjust, because one patient out of several hundreds—perhaps 0.10 per cent.—and in the course of several years, commits suicide by means of some article of furnishing which was not essential, and might therefore have been absent, to punish the said several hundreds—the great majority of patients—who can appreciate and make the proper use of such surroundings, games, or amusements as we have mentioned—by depriving them suddenly thereof."

The Sphygmograph.—Dr. Morey has laid before the Academy of Sciences an instrument of his invention destined to reproduce on paper the alternating movements of ascent and descent, together with their exact relative extent, of the pulse. The sphygmograph, as it is termed, is composed of a lever, one end of which rests on the pulsating artery, the other being in connection with a sort of pen, which scores down a zigzag line, varying according to the impressions communicated to the lever. The strip of paper on which the drawing is made is, by means of a clock-work movement attached to the apparatus, made to travel under the pen at a uniform speed, much as does the dispatch

band in the French electric telegraph system. The line traced on the paper of the spyhgmograph by the healthy artery generally consists of a perpendicular up-stroke and an oblique down-stroke, the latter twice the length of the former. That traced by the impulse of a radial artery, the brachial of the same side being affected with aneurism, is very different, and is a mere undulating line. The invention is highly ingenious.—*Lancet.*

THE ninety-fifth annual meeting of the Medical Society of New Jersey will be held at Trenton, on the fourth Tuesday (22d) of January, at 7 o'clock P. M. Delegates are requested to bring with them their authenticated credentials. January 4th, 1860.

W. PIERSON, *Rec. Sec.*

The Prevention of Ectropion—M. Debron, of Orleans, has lately brought a case before the Surgical Society of Paris, upon which he grounds his belief that threatened ectropion should be prevented when loss of substance renders its occurrence likely by the following operation:—The margins of the eyelids are pared and brought together by sutures, so that the ocular globe, when union takes place, is completely and permanently covered. The loss of substance then undergoes repair, either by contraction or autoplasty, and when the cicatrix has reached the maximum point of retraction, the lids are freed, and no chance of ectropion is left. Facts seem to prove that the artificial ankyloblepharon thus produced does not permanently damage the media of the eye. MM. Richard, Huguier, and Maisonneuve are said to have operated successfully in the same manner. Doubts may be entertained as to the effects of this operation on the globe of the eye and the margins of the lids.—*Lancet.*

"*The Berkshire Medical Journal*, devoted to the Interests of Rational Medicine," is a new journal, which has just reached us, edited by Professors WM. HENRY THAYER, M. D., and R. CRESSON STILES, M. D., of the Berkshire Medical College, Pittsfield, Mass. It is the second medical journal published in New England. We place it upon our exchange list with much pleasure, and wish it success.

Pennsylvania Hospital.—Dr. Edward Peace has resigned his position as one of the Surgeons of this institution.

A verdict of manslaughter has been rendered in England against a teacher who caused the death of a boy by flogging. Forty per cent. of the deaths at the general hospital of the city of Malaga were from the affection of the chest—a fact not favorable to that popular resort for consumptives.

DIED.

HAMPTON, DR. ISAAC H.—At the last Semi Annual meeting of the Cumberland County (N. J.) Medical Society, the following resolutions were unanimously passed and ordered for publication:

Whereas, In the timely dispensations of a wise and benignant Providence, death has, since our last meeting, deprived us of a fellow member:—

Resolved, That in the death of Dr. Isaac H. Hampton, of Bridgeton, N Jersey, the community has lost a valuable citizen,—the profession a long tried and faithful member.

Resolved, That as a practitioner of medicine, Dr. Hampton was careful, judicious, successful, a rapid thinker; of vivid imagination, in temperament active and versatile, and gifted with rare colloquial powers, he acquired a high position among medical men.

Resolved, That the Society in which he so long moved a well-beloved member,—and the Profession which his zeal and skill ever promoted and adorned, mourn a mutual bereavement.

Resolved, As an expression of our sympathy, that the Secretary of this Society tender our condolence to the bereaved family, with a copy of the above resolutions.

Signed, W. ELMER, *Sec'y.*

Answers to Correspondents.

Many who have received vaccine virus from this office are reminded that a return of matter when convenient is the condition on which it was sent. An attention to this will give but little trouble to the recipients, and will be conferring a favor on many practitioners who may be similarly in want.

J. S.—Gelsemin is used in fever, in doses of the quarter or half a grain.

D.—Article 5, section 5, of the Code of Ethics, explicitly says: "When a physician is called to an urgent case, because the family attendant is not at hand, he ought, unless his assistance in consultation be desired, to resign the care of the patient to the latter immediately on his arrival."

COMMUNICATIONS RECEIVED.

Maryland—Dr. S. M. Harry. *New Jersey*—Dr. J. W. Snowden, (with encl.,) Dr. D. M. Skinner, Dr. William Pierson, Dr. G. Haines, (with encl.,) Dr. J. S. Schanck, (with encl.) *Delaware*—Dr. G. P. Norris, (with encl.) *Illinois*—Dr. W. M. Cooper, (with encl.) Dr. M. Davis, Dr. A. S. Stoner, (with encl.) *Kentucky*—Dr. J. B. Jackson, (with encl.,) Dr. J. L. Stockdell, (with encl.) *New York*—Dr. S. D. Williard, Dr. John McCall, Dr. O. C. Alexander, (with encl.,) Dr. Levi Moore, (with encl.,) Dr. Mahlon Feiter, (with encl.,) Dr. Leopold Elsner, (with encl.,) Dr. Samuel P. McElroy, Dr. H. B. Harton. *North Carolina*—Dr. L. W. Martin, (with encl.). *Ohio*—Dr. McNichol, Drs. Everett and Marshall, (with encl.,) Dr. G. W. Bigler, (with encl.,) Dr. D. S. Gans (with encl.,) Dr. W. E. Chapman, Dr. C. C. Merman, (with encl.) *Pennsylvania*—Dr. H. D. Whitman, Dr. J. H. Grove, (with encl.,) Dr. J. W. Brown, (with encl.,) Dr. J. A. Reed, Dr. L. B. Balliet, (with encl.,) Dr. F. G. Morris, (with encl.,) Dr. G. W. Hoover, (with encl.,) Dr. J. W. Potter, (with enc.,) Dr. J. Crowley, (with encl.,) Dr. A. Sheller, Dr. Bibighaus, (with encl.,) Dr. James A. Wilson, (with encl.) *Rhode Island*—Dr. E. M. Snow. *Washington, D. C.*—Dr. G. W. Pope, (with encl.)

Office Payments.—Dr. Benj. H. Deacon, (Pa.,) Dr. Burmeister, (Phil.,) Dr. Lewis, (Phil.,) Dr. J. M. Leodom, Dr. H. S. Schell, Dr. B. W. James, Pennsylvania Med. Col., (adv.,) Dr. P. Walter, (Pa.,) Dr. J. V. Schenck, (N. J.,) Dr. R. P. Thomas, (Phil.,) Dr. S. Catner, (Pa.,) Dr. Harlow, Dr. Rodmaff, Dr. Jos. Pancoast, Dr. Edward Hartshorne, Dr. Gegan, Dr. U. Q. Davis, (Pa.,) Dr. Demme, Dr Bournonville, Dr. Darrach, Dr. Peace, Dr. Goddard.

MORTALITY OF CITIES DURING THE WEEK ENDING DECEMBER 29, 1860.

Number, Sex, Nativity, and Age.	Philadelphia.	New York.	Baltimore.	New Orleans	Boston.	Chicago.	Cincinnati.	Charleston.	Providence.	Buffalo.	St. Louis.
Whole number of deaths	251	356	89	122	65	.....	.....	14	.....	.....	91
Males	123	194	43	78	36	.....	.....	6	.....	.....	46
Females	128	162	38	38	29	.....	.....	8	.....	.....	45
Sex not stated	.....	.....	8	6	.....	.....	.....	.....	.....	.....	.....
Whites	234	.....	79	100	.....	.....	.....	8	.....	.....	90
Black and colored	17	.....	10	18	.....	.....	.....	6	.....	.....	1
United States	184	244	.....	48	.....	.....	.....	13	.....	.....	.....
Foreign countries	50	110	.....	44	.....	.....	.....	1	.....	.....	.....
Nativity unknown	17	2	.....	30	.....	.....	.....	.....	.....	.....	.....
Parentage.											
American	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Foreign	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Ages.											
Under 5 years	101	169	.....	44	.....	.....	.....	.....	.....	.....	54
5 to 10 years	29	19	.....	7	.....	.....	.....	.....	.....	.....	.....
10 to 20 "	15	14	.....	5	.....	.....	.....	.....	.....	.....	.....
20 to 50 "	68	110	.....	41	.....	.....	.....	.....	.....	.....	37
50 and over	38	44	.....	16	.....	.....	.....	.....	.....	.....	.....
Unknown	.....	.....	.....	9	.....	.....	.....	.....	.....	.....	.....
Causes of Death.											
Zymotic Diseases.											
Croup	11	6	5	2	2	.....	.....	.....	.....	.....	5
Cholera Infantum	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
Cholera	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Cholera Morbus	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Diarrhœa	1	.....	.....	6	1	.....	.....	.....	.....	.....	.....
Diphtheria	8	10	.....	3	1	.....	.....	.....	.....	.....	3
Dysentery	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	1
Erysipelas	2	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
Fever, remittent	.....	.....	.....	2	.....	.....	.....	.....	.....	.....	1
Fever, intermittent	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
" pernicious	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	1
" typhoid	2	9	.....	2	2	.....	.....	1	.....	.....	.....
" typhus	4	.....	.....	.....	.....	.....	.....	.....	.....	.....	2
" scarlet	27	40	4	9	2	.....	.....	1	.....	.....	.....
" yellow	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Hooping Cough	.....	.....	3	1	.....	.....	.....	.....	.....	.....	1
Measles	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Small-pox	9	6	.....	1	.....	.....	.....	.....	.....	.....	.....
Sore Throat, putrid	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Respiratory Organs.											
Bronchitis	4	9	.....	2	3	.....	.....	.....	.....	.....	3
Congestion of Lungs	1	6	1	2	2	.....	.....	.....	.....	.....	.....
Consumption	31	54	15	19	19	.....	.....	2	.....	.....	12
Pneumonia	20	36	7	7	8	.....	.....	.....	.....	.....	7
Hemorrhage from Lungs	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Pleurisy	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

Causes of Death.	Philadelphia.	New York.	Baltimore.	New Orleans.	Boston.	Chicago.	Cincinnati.	Charleston.	Providence.	Buffalo.	St. Louis.
Nervous System.											
Apoplexy	3	7	1	1	1	.....	.....	.....	.....	.....	1
Convulsions	6	19	2	6	2	.....	.....	.....	.....	.....	11
Congestion of Brain	2	10	.. ..	2	2	.....	.....	1	.....	.....	2
Disease of Brain	2	.....	.....	1	3	.....	.....	.....	.....	.....	.....
Delirium Tremens	1	.....	.....	1	.....	.....	.....	.....	.....	.....	.....
Epilepsy	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Hydrocephalus	4	9	2	2	.....	.....	.....	.....	.....	.....	.....
Inflammation of Brain	3	9	.....	.....	.....	.....	.....	.....	.....	.....	.....
Paralysis	3	.....	.....	.....	.....	.....	.....	.....	.....	.....	3
Tetanus	.....	.....	.....	4	.....	.....	.....	.....	.....	.....	.....
Circulatory System.											
Aneurism	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Disease of Heart	9	7	3	3	2	.....	.....	1	.....	.....	2
Phlebitis	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Digestive System.											
Disease of Liver	.....	.....	.....	3	.....	.....	.....	.....	.....	.....	1
Gastritis	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	2
Hepatitis	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	.....
Inflammation of Throat	1	.....	.....	1	.....	.....	.....	.....	.....	.....	.....
Intussusception	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Inflam. of Bowels	6	.....	.....	4	.....	.....	.....	.....	.....	.....	1
Marasmus	10	11	.....	4	.....	.....	.....	.....	.....	.....	.....
Peritonitis	4	.....	.....	.....	2	.....	.....	.....	.....	.....	.....
Urinary Organs.											
Albuminuria	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Diabetes	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Disease of Kidneys, Bladder, and Urethra	2	3	1	.....	2	.....	.....	1	.....	.....	.....
Diseases of Uncertain Seat.											
Abscess	2	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Cancer	4	.....	1	.....	1	.....	.....	2	.....	.....	.....
Dropsy	5	7	2	3	.....	.....	.....	2	.....	.....	7
Debility, etc	11	8	.....	5	1	.....	.....	.....	.....	.....	7
Fever	.....	.....	5	.....	.....	.....	.....	.....	.....	.....	.....
Scrofula	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Puerperal Diseases.											
Hemorrhage	3	.....	3	1	.....	.....	.....	.....	.....	.....	.....
Convulsions		.....			.....	.....	.....	.....	.....	.....	.....
Fever		.....			2	.....	.....	.....	.....	.....	.....
Diseased Womb		.....			.....	.....	.....	.....	.....	.....	.....
External Causes.											
Accidents	.....	5	.....	5	3	.....	.....	2	.....	.....	1
Poisoning	2	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Suicide	2	1	.....	1	2	.....	.....	.....	.....	.....	.....
Stillborn	18	.....	8	4	.....	.....	.....	.....	.....	.....	10
All other causes	19	8	24	13	11	.....	.....	9	.....	.....	7